



Cygnet Wing Blackheath
Meridian Low Secure Unit
Referral Form

Date of Call:	Time of Call:
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Referrers Details

Patients Details

<p>Referrers Name:</p> <p>Status of Referrer:</p> <p>Authority Responsible for Funding:</p> <p>Funding authorised by:</p> <p>Name:</p> <p>Telephone number:</p> <p>Signature:</p>	<p>Patients Name:</p> <p>Address:</p> <p>Contact Number:</p> <p>D.O.B:</p> <p>Ethnic Origin:</p> <p>GP Name:</p> <p>GP Address:</p> <p>GP Contact Number:</p>
<p>NHS Consultant:</p> <p>Care Co-ordinator:</p> <p>Social Worker:</p> <p>CPN:</p> <p>CMHT:</p>	<p>Mental Health Act Status:</p> <p>MHRT Date:</p> <p>Section Commenced:</p> <p>Section Expires:</p> <p>Consent to Treatment:</p> <p>Section 17: YES/NO Give Details:</p> <p>Current CPA/117 Arrangements:</p>
<p>Probation Officer::</p> <p>Contact Number:</p> <p>Known to MAPPA (Multi Agency Public Protection Agency) Details:</p>	<p>Next of Kin/Nearest Relative:</p> <p>Relationship:</p> <p>Address:</p> <p>Contact Number:</p>

Reason for referral to Low Secure Rehabilitation Unit?

What would referring team hope the patient to achieve during this admission to Low Secure Rehabilitation Unit?

DISCHARGE SUMMARIES/ RELEVANT INFORMATION ON PATIENTS HISTORY RECEIVED FROM REFERRING TEAM?

PRE-ADMISSION ASSESSMENT has been arranged for.....

STAFF TO ATTEND ASSESSMENT:

Name of person taking referral:

Ward Manager Informed?