

Enfield Crisis Resolution and Home Treatment Team Referral Form

Revised (10/12/2013)

Date: 19/11/14... Time referred: 15:30... Time arrived: ..... Time seen: .....  
(use 24hour clock eg 18:30hrs)

Referral taken by:

Lucy

Referral from: GP  A & E  Medical Ward  Self  Police   
 LAS  Social Services  Other (please specify) Mother

**Service User Details:**  
 Title: Mr Date of Birth: 26/01/81 RiO No: 1058177 Gender: Male  
 First Name: Simon Ethnicity:  
 Surname: Cordell Interpreter needed:  
 Address: 109 Buialcott Avenue, Enfield Language spoken:  
 Postcode: EN3 7JQ Telephone Number(s):  
 Mobile No: 0208 245 7454 Occupation:  
 Civil Status:

	Name	Address	Telephone Number(s)
GP:	<u>Nightingale House Surgery.</u>		
Main carer / Next of Kin:	<u>Mother - 0208 245 7454</u>		
Others:	<u>FATHER, BEN: 07415 388734</u>		

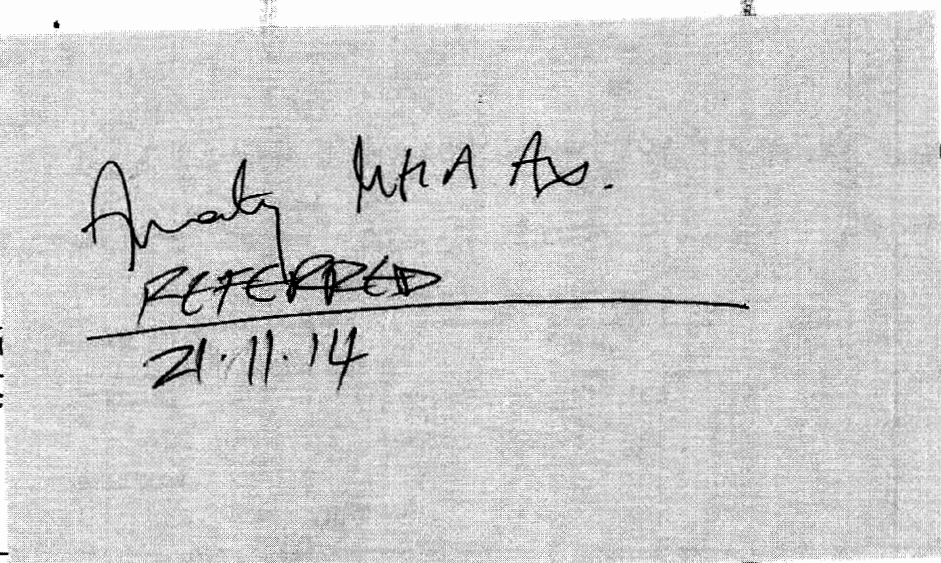
Accommodation: Owner ; Rented ; No fixed abode (NFA) ; Other (specify)  Living alone? Yes ; No

Current / recent drug use: None ; Alcohol ; Please list all others:

Safeguarding Issues: Adult ; Children and Families

Reason for referral: Current Diagnosis:

- Parat
- Anxio
- Has
- last
- assess



Anxiety MHA As.  
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CRT observations ( 21.11.14 ) Temp:  
 Patient seen at: Discharge form RiO

Date and length of assessment (date) \_\_\_/\_\_\_/\_\_\_ (time): \_\_\_:\_\_\_  
 Outcome of assessment:  
 Taken by HTT  Transfer to Haringey HTT  Transfer to Barnet HTT  Enfield triage   
 Discharged to GP  Hospital admission   
 Other: ..... Not accepted - service user/referrer offered advice (specify advice on RiO)  
 Triage/Assessment Completed by ( Please Print Name ) \_\_\_\_\_

All areas of this form is to be completed and forward to Admin for statistical information