

REFERRAL FORM – Enfield Crisis Resolution & Home Treatment Team

Date: 19/10/18 Time referred: 09:30 Time arrived: Time seen: Referral taken by: LINGSLEY

Referral from: GP A+E Self Police Hub LAS Social Services Psych Ward
 Other (please specify) CRHTT Tel:

Service User Details:

Title: Date of Birth: 26/01/81 RIO No: 11214451
 First Name: Simon Surname: Cordell
 Address: 109 Burncroft Av.
Enfield Post Code: EN3 7JQ
 Telephone Number (s): Mobile No:

Ethnicity: Interpreter needed: Y/N Language spoken:

GP Surgery & Contact		Telephone number
Main Carer /N.O.K		
Community Team		
Accommodation: Owner Y/N Rented Y/N No fixed Abode Y/N Other (specify)		Living alone? Y/N

Reason for Referral: Current Diagnosis:

Request for CRHTT to attend MHA at 11:00 Am.

PLEASE COMPLETE BEFORE FOLLOWING UP:-

Care Plan: Risk Assessment Crisis Plan Core Assessment GP Letter:

Patient seen at: Home <input type="checkbox"/> A+E <input type="checkbox"/>	Referral on RIO: <input type="checkbox"/> Appointment in Diary: <input type="checkbox"/>	Other
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Date and length of assessment _____ Time _____

Outcome: Taken by CRHTT Transfer to HCRHTT Transfer to BCRHTT
 Enfield Triage Hospital Admission Discharged to GP

Form completed by (Print Name) _____ Approved by Manager: _____

All areas of this form is to be completed and forward to ADMIN for uploading and Statistical Information