



Essex Partnership University
NHS Foundation Trust

**Community Treatment Order –
Referral Form for AMHP to be completed by the
Responsible Clinician**

Patient's Name: DOB: Address: Tel No:		Responsible Clinician: Name: Team: Adult Psychiatry	
Current MHA Status:		Date of Expiry of current MHA Section?	
Is this a new order or an extension of an existing order? If extension – when does the existing order expire?			
Reason for referral			
Details of Team with whom s117 care plan devised:			
Care Coordinator Name: Team: Tel No:	RC (inpatient) Name: Team: Tel No:	RC (community) Name: Team: Tel No:	

A meeting must be arranged with the care team and where possible, service user, is to be held at:

Date:
Time:
Venue:

**Please note that the AMHP service is dealing with emergencies and cannot guarantee any date but we will work with planned dates when we can.
Any additional information relevant to this referral?**

Signature:
Date:
Designation:
Contact details:

SAMPLE - DO NOT USE

Please send the completed form and attached supporting info to:

For Bedfordshire and Luton Secure Services:

Robin Pinto and Woodlea - Integrated Clinical Lead for Robin Pinto and Woodlea

For Essex:

For Southend- The AMHP hub Coordinator
[Redacted]

For Thurrock- **The team manager**, CMHT, Grays Hall

For South East/West and North Essex- [Redacted]

Please note revocations should be directed to: [Redacted]