**SPECIALIST COMMUNITY FORENSIC TEAM**

**REFERRAL FORM**

**Email: Dr Joe McCarthy, Forensic Consultant Psychiatrist:** [**joe.mccarthy1@nhs.net**](mailto:joe.mccarthy1@nhs.net) **Karen Baseley, Medical Secretary:** [**karenbaseley@nhs.net**](mailto:karenbaseley@nhs.net)

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| **Reason for Referral** | |
| Date of Referral: |  |
| Referral Type: | Inpatient to SCFT  SCFT to SCFT |

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| **Referrer Details** | |
| Name of Responsible Consultant: |  |
| Referring Team Name: | |
| Address: | |
| Tel No: | Email address: |
| Name and Job Title of Referrer:  (*if different from Referrer*) | |
| Tel: No: | Email address: |

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| **Service User’s Details** | |
| Full name: | Previous names: |
| Last known address / current housing situation: | Date of birth: |
| NHS No: |
| Mobius / Paris no: |
| Ethnicity: |
| Current location:  (*hospital / ward)* | GP name and address (last know): |

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| **Legal Status at Time of Referral** | |
| Current Mental Health Act status |  |
| Date admitted to secure care in this episode |  |
| Date admitted to most recent secure ward |  |
| Index Offence (*please give details*) | |
|  | |
| Details of any outstanding or current charges/convictions (*if applicable*) | |
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| Violence YesNo | Sexual violence YesNo |
| Arson YesNo | Other convictions YesNo |
| No convictions YesNo |  |

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| **Service User Information** | |
| Current diagnosis (include ICD10 code) | Current Medication: |
| Leave status *(to include unescorted / escorted leave and length of time)* | Next CPA date: |
| Tribunal / Parole hearing dates: | Estimated date of discharge: |
| MAPPA  *(if under MAPPA and any exclusion zones)* | Responsible local authority for 117 aftercare |
| History of substance misuse  YesNo | History of alcohol misuse  YesNo |
| History/current self harm  YesNo |  |
| Current concerns and risks, including dates *(eg assaults on staff, making threats, etc)* | |
| Service User’s view – has the service user consented to this referral YesNo  Please give reasons if not | |

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| **Reason for Referral** |
| *Please tell us clearly the reason for referral in detail including current mental state, risk to others and details of treatment and interventions already attempted* |

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| **Documents supporting this referral, please enclose with this form** |
| 1. A full psychiatric report of the service user must be attached which details:    1. Family, personal, psychosexual, psychiatric, medical, substance use and forensic history    2. Circumstances and progress of hospital admission, management, current medication and current mental state up to the time of referral 2. Risk assessment and/or most recent HCR-20 3. Assessments and reports to include those from nurses, occupational therapist, psychology, social work and social circumstance report 4. Most recent CPA report and tribunal report   **Please note failure to submit the requested information may lead to delay in the referral being processed.** |

Referral form and supporting documents to be emailed to:   
Dr Joe McCarthy, Forensic Consultant Psychiatrist: [joe.mccarthy1@nhs.net](mailto:joe.mccarthy1@nhs.net) and   
Karen Baseley, Medical Secretary: [karenbaseley@nhs.net](mailto:karenbaseley@nhs.net)

Referrals submitted before midday each Monday will be included in the following Wednesday’s MDT meeting.