

**REFERRAL TO MENTAL HEALTH LIAISON SERVICE
FOR PATIENTS RESIDING IN CARE HOMES**

Rotherham Doncaster and 

| | |
|--|--|
| <p>Referring Clinician Name: _____ Designation: _____</p> <p>GP Informed: YES/NO GP: _____</p> <p>Practice: Address: _____</p> <p>Tel No: _____</p> <p>(Signed) _____ Date: _____</p> | <p>Patient South Humber NHS Foundation Trust Title: Male/Female* _____</p> <p>Forename: _____ Surname: _____ Address _____</p> <p>Marital Status: _____ D.O.B _____ Postcode: _____ Tel No: _____ NHS No: _____</p> <p>Interpreter Required ? Yes/No* _____ Language: _____ Ethnic group: _____ Marital Status: _____ Aware of Referral: Yes/No* _____ Next of Kin/Informant: _____ Address: _____ Tel No: _____ Relationship: _____ Aware of Referral: Yes/No* _____ * Delete as appropriate</p> |
| <p>Please ensure that the following tests have been performed recently: Please refer to Depression and Dementia protocols</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full Blood Count <input type="checkbox"/> Urea & Electrolytes <input type="checkbox"/> B12 & Folate <input type="checkbox"/> Thyroid Function Test <input type="checkbox"/> Liver Function Test & Bone Profile <input type="checkbox"/> Blood Sugar | |

Referral Details:
Reason for referral/Presenting problems. Further requests of patient and/or family re contact. (Including duration of symptoms)

Risks to self and others, e.g. suicidal ideation / violence / self-neglect / risk of abuse

Physical health / current medication (or attach medication list) **including known allergies. If none known please state 'none known'**

Past psychiatric history

Social circumstances / social support / other agencies / personnel involved / social work

| | |
|--|---|
| <p>Please send/fax form to: Care Home Liaison Service Cherry Tree Court Tickhill Road Site Balby, Doncaster DN4 8QN Tel: 01302 796104 Fax: 01302 796500</p> | <p>Please indicate degree of urgency:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency = response required within 4 hours <input type="checkbox"/> Urgent = response required within 2 working days <input type="checkbox"/> Routine = response required within 10 working days |
|--|---|

