

Patient Name: [Redacted]

Date of Referral: [Redacted]

Psychiatric Intensive Care (PICU) inpatient referral form

Before completing this form, please phone or email the relevant ward you would like to refer to.

When advised to do so, please complete this form, Save as, and then send as an email attachment with accompanying information directly to the relevant ward.

PICU Contact Details

Female PICU	Frinton Ward, Essex	Telephone: 01268 723 860	Email: SAH.PICUFemaleEssex@nhs.net
♀	Bayley Ward, Northampton	Telephone: 01604 614 584	Email: SAH.PICUFemaleNorthampton@nhs.net
Male PICU	Audley Ward, Essex	Telephone: 01268 723 930	Email: SAH.PICUMaleEssex@nhs.net
♂	Heygate Ward, Northampton	Telephone: 01604 616 111	Email: SAH.PICUMaleNorthampton@nhs.net

Patient Details

Name	Patient diagnosis
NHS Number	Current placement
Gender	Date of admission to current placement
Date of birth	Current placement contact name
First language	Current placement telephone
Religion	Legal status
Ethnicity	Date of detention

Important Contact Details

Guardian/Nearest Relative name	Telephone
Current Responsible Clinician name	Telephone
GP name + clinic	Telephone
Care Coordinator name	Telephone
Social Worker name	Telephone
Bed Manager name	Telephone

Referrer Details

Referrer name	Telephone
Organisation	Email

Patient Name: [Redacted]

Date of Referral: [Redacted]

Authorisation/Commissioning Details

Organisation responsible for funding [Redacted]

Telephone [Redacted]

Email [Redacted]

I confirm that I have the delegated authority to authorise this episode of treatment on behalf of the funding authority. I understand and agree that all accepted referrals would be subject to St Andrew's Healthcare Inpatient Terms in force during the patient's inpatient stay. The current version of these terms is available at www.stah.org/making-a-referral or on request.

Name [Redacted]

Digital signature [Redacted]

Telephone [Redacted]

Please note: For all admissions, we will also require a signed Named Patient Agreement, which will be sent post admission via the admissions team. Enhanced support or escorted nursing is not included in the daily bed rate. For these fees please contact our admissions team on 0800 434 6690.

Reason for referral

Please provide your reason for referring this patient and what specific outcomes you are looking for.

2 lines [Redacted]

To allow us to make a clinical decision please aim to provide the following patient information:

- | | |
|--|---|
| • Background history | • Current medication and care provided |
| • Psychiatric history | • Social history, incl. current significant relationships |
| • Medical history (incl. allergies and drug reactions) | • Risk history |
| • Drug and alcohol history | • Physical health and mobility needs |

This information can be supplied by sending the following patient documents with this referral form.

Please tick the information you have included.

Psychiatric report

Discharge summaries

Patient Risk Assessment including risk/incident logs

List of current medications including PRN

Manager's hearing report - Psychiatric and Social Work

Current care plan

Mental Health Tribunal report - Psychiatric and Social Work

Forensic summary

Gatekeeping assessment

CPA reports

Please detail any other information available which could help us to make a clinical decision.

6 lines [Redacted]

Thank you for your referral.

Please email all information direct to the relevant PICU ward who will contact you shortly.

Patient Name:

Date of Referral:

Signature of this referral form is taken as an acceptance of our Terms of business. To view our full Terms visit www.stah.org/making-a-referral

Charges:

1. Unless and until an alternative fee arrangement has been agreed and confirmed in writing by us, our fees will be based on the schedule of charges featured below effective from 1st April 2021. St Andrew's Healthcare reviews its charges annually; you will be notified of any rate change at the appropriate time.
2. Enhanced Support will incur an additional charge.
3. Periods of leave where the bed is kept reserved for the patient, will be charged at 100% of the daily charge for the first 5 days and then at 85% of the daily charge thereafter.
4. The first invoice will be issued within 14 days of the admission and thereafter invoices are raised in advance on the second working day of each month. Invoices will be sent directly to the designated invoice address, with payment due within 14 days of the invoice date.
5. Transport - Our daily rate for PICU patients does not include transport to or from the referring authority.

Daily charges are generally all inclusive with the following exceptions which will be charged as and when used:

- Tests and procedures that have to be acquired from other health care providers
- Exceptional drug costs not related to mental health status
- Enhanced Support
- Staff and travel costs associated with court/home/hospital visits/patient discharge
- Translator costs

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Save