

Patient name:		Date of birth:	
Current diagnosis:			
<b>Current placement</b>			
Hospital name:			
Address:		Postcode:	
Telephone number:		Contact name/Ward manager:	
<b>Referral made by</b>			
Name:		Job title:	
Address:		Postcode:	
Telephone number:		Email:	
<b>Funding authority</b>			
Contact name:		Telephone number:	
<b>Responsible clinician</b>			
Name:		Address:	
		Postcode:	
Telephone number:		Email:	
<b>Current observation levels</b>			
<b>Please indicate current risk factors</b>			
Physical aggression history		Absconding	
Arson		Suicide	
Self-harm		Self-neglect	
Drug abuse		Alcohol abuse	
Brief forensic history		Sexual dis-inhibition	
<p><b>Please fax this form to: 01372 743 903</b>  <b>Referral line: 01372 746 290 <a href="http://www.glencare.com">www.glencare.com</a></b></p>			

Thank you for your referral

### What happens next:

- Our Referral and Admission team will contact you shortly to confirm that the referral has been received.
- A clinical assessment will be arranged with the patient's current placement.
- Our Clinical Assessor will meet with the patient, staff and clinicians and review patient's notes.
- It is helpful to have access to the following reports:
  - psychiatric reports
  - risk assessments
  - care plan
  - CPA notes
- A full clinical report will be prepared and discussed with our Multi-Disciplinary team.
- A proposed working strategy for the first 6 - 8 weeks of admission will be prepared, if the patient is suitable for one of our units.
- If the patient is not suitable for any of Glen Care's units at the current time, clinical explanation will be sent to the referrer.

**Referral & Admission Line: 01372 746 290**