1 Referral information

Professional Referral Form - Residential mental health community placements

A focused initial referral - not the full assessment

Complete this form briefly and attach the current records listed on page 7. Avoid copying information already contained in an attachment; signpost it instead. Fields marked with an asterisk are needed for initial triage. This is not an emergency referral route.

A. REFERRER DETAILS *Professional completing or submitting this form*

Referral date * *DD/MM/YYYY*

Target move / discharge date *DD/MM/YYYY*

Referrer name *

Job title / role *

Organisation / team *

Professional email *

Telephone *

B. PERSON BEING REFERRED *Every field below relates to the person, not the referrer*

Full legal name *

Preferred name

Date of birth * *DD/MM/YYYY*

NHS number

Current setting *

Telephone / email

Pronouns (optional)

Primary language

Person·s current address *

C. INVOLVEMENT AND COMMUNICATION *Person involvement, communication and access needs*

Is the person aware of and involved in this referral? *

- Yes
- Partly
- No
- Not yet

If partly, no or not yet, explain the reason and how and when the person will be involved.

Involvement, decision-making support and advocacy arrangements

Include relevant capacity, best-interests and advocate / IMCA arrangements.

Communication support

Preferred information format

Interpreter needed

Sensory / access needs

2 The person's perspective and placement aims

Complete this with the person wherever possible. Their own words are particularly helpful.

What does the person understand about the referral, and what do they want from a placement? *

Strengths, skills, interests, important routines, culture, faith and identity

Day-to-day support approach: what helps, what does not help and how best to build trust

Professional summary: why is a placement needed now, and which needs are not being met? *

Intended outcomes and likely duration

Previous placements or independent living: what worked, why arrangements ended and what should be different

Would the person be willing to take part in introductory visits?

- Yes
- No
- Unsure
- Needs support to decide

The person·s house / location preferences and important requirements - for example location, privacy, accessibility, household size or smoking arrangements

3 Clinical, medication and physical health

Consultant / Responsible Clinician *

Care Coordinator / Keyworker *

Current CMHT / service *

GP / practice *

Other key professional / service

Primary diagnoses, current presentation and brief clinical formulation * - summarise recent changes and significant events; signpost the attached clinical report for detail

Medication support and known issues - attach the current list; include adherence / capacity, side effects, monitoring and planned changes; state ·no current medication· where applicable

Allergies or adverse reactions - write ·none known· where applicable

Physical health conditions, symptoms, treatment and precautions relevant to the placement

Outstanding medical investigations or appointments; smoking / vaping; infection-control precautions

4 Daily living, shared living and emergency support

Describe what the person can do independently and where prompting, supervision or hands-on support is needed.

Area	Current ability, support, equipment or supervision required
Personal care, dressing, continence and toileting	
Eating, drinking, meal preparation and dietary needs	
Mobility, transfers, falls and stairs	
Sleep and night-time support	
Domestic skills, laundry and room care	
Money, benefits, debt and appointeeship	
Appointments, travel and community access	
Education, work, volunteering and meaningful activity	

Staffing, specialist input, equipment or environmental adjustments

Emergency evacuation needs - ability to recognise an alarm, use stairs and leave the building, and support / equipment required

Shared-living support needs and compatibility considerations - boundaries, conflict, relationships with other residents and behaviour affecting a shared home

Main family / carer contact

Relationship to person

Emergency contact, if different

Advocate / IMCA

Important relationships, contact / visiting arrangements, dependants or pets

5 Continuity of care, legal status and funding

Receiving CMHT / service

Team contact / email

Proposed RC / clinician

Proposed Keyworker

Receiving service position

- Accepted
- Referred - pending
- Not yet referred
- Not known

Continuity arrangements and unresolved gaps - who will retain clinical responsibility, attend reviews and provide community follow-up

Main current legal status - choose one

- Informal / voluntary
- Detained under MHA - state section
- Section 17 leave
- Community Treatment Order (CTO)
- Conditional discharge (including supervised discharge)
- Guardianship
- Other
- Not known

Additional arrangements - tick all that apply; leave blank if none known

- [ ] Section 117 aftercare
- [ ] Restricted patient / MoJ oversight
- [ ] MAPPA, probation, licence or bail
- [ ] DoLS / court-authorised deprivation of liberty
- [ ] Health and welfare attorney or deputy

Legal and public-protection details

Include section, dates, conditions, review dates, Nearest Relative (MHA) details where applicable, relevant contacts and current relevance. Attach current legal documents; do not repeat risk history in section 6.

Current responsible ICB *

Receiving ICB

Has the current ICB written to the receiving ICB about the transfer? Yes / No / Not yet / N/A

Commissioner / case manager

Ordinary residence Local Authority *

Funding / invoicing body; start date if agreed

Funding position *

- Agreed
- Agreed in principle
- Panel pending
- Not agreed
- Not yet explored

Funding contact, approval reference and any conditions

6 Risk, safeguarding and public protection

A history does not automatically prevent admission. Accurate information is needed to assess whether risks can be managed safely.

Choose one status in each row. Use “not known” where information is still being obtained.

Risk area	None known	Historical	Current / recent	Not known
Suicide, suicidal thoughts or self-harm	○	○	○	○
Self-neglect or deterioration in physical health	○	○	○	○
Aggression, violence, intimidation or property damage	○	○	○	○
Sexual safety, boundaries or disinhibited behaviour	○	○	○	○
Fire-setting, unsafe smoking or other fire risk	○	○	○	○
Alcohol, non-prescribed drugs or medication misuse	○	○	○	○
Missing episodes, absconding or unsafe travel	○	○	○	○
Exploitation, coercion, domestic, financial or online abuse / risk from others	○	○	○	○
Offending, victim-related restrictions or other public-protection concerns	○	○	○	○
Other significant risk or safeguarding concern	○	○	○	○

Concise risk summary * - nature, frequency and severity, most recent incident and current management; signpost the attached risk assessment rather than repeating it

Triggers, early warning signs and approaches that help

Protective factors, current crisis / safety plan and emergency contacts

Current safeguarding enquiries, duties relating to children or adults at risk, and actions in place

7 Supporting documents, declaration and secure submission

Tick the documents attached. Where something is unavailable, give the expected date below.

- [ ] Current care / support plan
- [ ] Current risk assessment and risk / crisis plan
- [ ] Latest psychiatric or clinical summary / discharge report
- [ ] GP summary and relevant physical-health information
- [ ] Current medication chart / prescription list
- [ ] Relevant Mental Health Act, capacity / best-interests, section 117, MoJ or deprivation-of-liberty documents
- [ ] Relevant safeguarding, behaviour-support, MAPPA or probation information
- [ ] Funding confirmation and other relevant professional assessments

Outstanding documents and expected date

Referrer declaration

I confirm that, to the best of my knowledge, the information provided is accurate and relevant to this referral; I have appropriate authority to share it; and I will notify the Community promptly of any material change. Submission does not guarantee assessment or placement.

Typed name *

Date * *DD/MM/YYYY*

Submit securely

Use the secure upload or transfer route shown on the referral webpage or confirmed by the Placements and Referrals Team. Do not send this completed form or its attachments to the general enquiries email address. Call 01803 865473 if you need the secure route. Postal address, where specifically agreed: The Community of St Antony & St Elias, The Priory, Priory Drive, Totnes, Devon, TQ9 5HU. Privacy information: see the referral privacy notice on the referral webpage.

Document owner: Placements and Referrals Team | Version 3.2 | August 2026