**REFERRAL FOR ADDITION TO THE DYNAMIC SUPPORT REGISTER (DSR)**

**NORTH EAST NORTH CUMBRIA ICB**

Please complete all sections of the referral form. Once completed please send to the email address at the end of the form. **Incomplete forms and those without information of consent will be returned.**

**PERSON REFERRED DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | DOB |  | |
| Address |  | | | | NHS No |  | |
| Tel No |  | |
| GP and Surgery |  | |
| Current Accommodation Type |  | | | | | | |
| Advocacy Arrangements  IMCA/IMHA/ OTHER |  | | | | | | |
|  | | | | | | | |
| Diagnosis of Learning Disability | | Primary? | YES |  | | NO |  |
| Diagnosis of Autism Spectrum Disorder | | Primary? | YES |  | | NO |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender |  | Ethnicity |  | Religion |  |
| Language *(please include information about fist language and language used eg does the individual have communication needs or require information in a different format)* | |  | | | |

**REFERRER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Referral |  | Referrer |  |
| Address |  | Position/Role |  |
| Email |  | Telephone |  |

**CONSENT**

|  |  |
| --- | --- |
| **Consent MUST be obtained, or a best interest process conducted. Evidence of this MUST be attached to this application. Without this the individual will not be discussed. Please see attached easy read document.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the person have capacity to consent?(has the young person been assessed as being Gillick competent)? | **YES** |  | **NO** |  |
| Has the person consented to being added to DSR? | **YES** |  | **NO** |  |
| If the person lacks capacity to consent has a best interest decision been completed? | **YES** |  | **NO** |  |
| Has parental consent been obtained? | **YES** |  | **NO** |  |
| **Please provide evidence of consent /capacity test and best interest decision (including date)** | | | | |

**PEN PICTURE**

|  |
| --- |
| Brief summary and background |
|  |

**RISK**

|  |
| --- |
| Please outline current risk (*what are the key reasons for escalation to DSR? What had been implemented so far?)* |
|  |
|  |
| Details of previous admissions (reason for current admission if inpatient) |
|  |

|  |  |
| --- | --- |
| Care Coordinator |  |
| Social Worker |  |
| Is there a current care plan including risk assessment and treatment plan in place? Is there an up-to-date EHCP in place? |  |
| Date of last review of care plan/risk assessment |  |
| Are there any legal frameworks in place? |  |
| Is the person on S117 aftercare?  Or Continuing Healthcare funded? |  |

**Previous C(E)TR information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has there been a recent LAEP or C(E)TR | No | LAEP | | C(E)TR |
| If yes, please provide details (including date/s and outcomes) |  | | | |
| Has there been an Enhanced MDT | Yes | | No | |
| If yes, please provide details (including date/s and outcomes) |  | | | |

**ADMISSION (please complete if person is an inpatient)**

|  |  |
| --- | --- |
| Initial date of continuous hospital admission |  |
| Date of transfer / step down to current hospital setting |  |
| Is patient ready for discharge in next 6 months? |  |
| Date of Planned Discharge |  |
| Confidence of Discharge Date being achieved |  |
| Section Status |  |

**FURTHER INFORMATION**

|  |  |
| --- | --- |
| Include information on what community support might be needed to prevent crisis, or at a time of increased need, including information on what the person may respond positively to and what support carers or family may need |  |

Please tick the correct area box below and email to [nencicb.ctr.dsr.referrals@nhs.net](mailto:nencicb.ctr.dsr.referrals@nhs.net)

Please ensure your email is titled clearly in the subject line as follows: **DSR Referral – (add area)**

|  |  |
| --- | --- |
| **North Cumbria** |  |
| **Newcastle Gateshead** |  |
| **North Tyneside** |  |
| **Northumberland** |  |
| **South Tyneside** |  |
| **Sunderland** |  |
| **County Durham & Tees Valley** |  |