**Care (Education) Treatment Review Document Checklist**

We ask the Care-coordinator and/or care provider to collate a range of documents which will provide background and context to the individual’s C(E)TR.

The documents needed are listed below however the list is intended as a guide only, and there may be other documents which would be relevant to the C(E)TR. Not all documents will be relevant to each individual, please select the most appropriate. It is helpful to the individual for the panel to have access to as much up-to-date information as possible to support their C(E)TR.

These documents are required by the panel to ensure a thorough assessment of the individual’s care and treatment and identify any areas of unmet need.

Documentation should be sent to the relevant ICB area Team (relevant contact details below) 5 working days before the C(E)TR.

**Where possible the individual/family should be involved as much as possible in collating the necessary information.**

The C(E)TR chair will be responsible for ensuring that all written and verbal information provided will be kept private and confidential.

|  |  |
| --- | --- |
|  **Information**  | **Provided by:** |
| Previous 3 months MDT minutes |  |
| Risk assessments  |  |
| Social circumstances report |  |
| Safeguarding reports from the last year |  |
| Incident forms where restraint was used  |  |
| Health Action Plan |  |
| Person Centred Care Plan |  |
| Positive Behaviour Support Plan and other care plans |  |
| Education, Health and Care Plan |  |
| Communication Passport/SaLT assessment |  |
| Hospital Passport |  |
| Medication details |  |
| Mental Capacity Assessments |  |
| Activity Planner/ School timetable |  |
| Sensory profile/assessment |  |
| Mental Health Act tribunal report (if applicable) |  |
| Community service specification and/or discharge plan |  |
|  |   |

Please tick the correct area box below and email to

nencicb.ctr.dsr.referrals@nhs.net

Please ensure your email states clearly in the subject line as follows:

**C(E)TR** **Referral – [patient initials]- [add area]**

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