**HOPE Referral Form**

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| **Type of Referral**\*(Emergency / Urgent/ Routine) |  | **Type of Admission**(In / Day) |  |  |
| **Referrer Name**  |  | **Referrer Contact Number** |  |  |
| **Referrer Trust** |  | **Preferred Unit** (if Applicable) |  |  |
| **Patient Name** |  | **DOB / Age** |  |  |
| **NHS No:** |  | **Gender** |  |  |
| **Patient Home Address** |  | **Current Location** |  |  |
| **GP Name / Contact** |  | **Care Co-ordinator**  |  |  |

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| **BMI** |  | **Weight** |  | **MHA Status** |  | **Expiry Date of Section** |  |

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| **SITUATION**(Current treatment Plan, reason for referral, purpose/goals of admission) |
| **BACKGROUND**(Primary & comorbid diagnoses, recent) |
| **ASSESSMENT**(Physical presentation, biochemistry, legal status, patient & carer views) |
| **RECOMMENDATION**(Current risk assessment & management plan, safeguards) |
| **DISCHARGE PLAN**(Recovery / Stabilisation) |

*\*****Emergency*** *(Response same day if possible).* ***Urgent*** *(Response within 2 working days).* ***Routine*** *(Response within 5 working days)*

For NHS.net users send to: oxfordhealth.hopespa@nhs.net For trust email accounts send SECURELY to hopespa@oxfordhealth.nhs.uk