**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)*

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