

**THAMES VALLEY PATHFINDER REFERRAL PROFORMA**

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| In light of coronavirus (COVD-19) restrictions, the Pathfinder Service has made the decision to continue to work remotely (i.e. via video and telephone therapy) until at least October 2020. We are continuing to take on new referrals as usual. However, when you discuss the referral with your patient before making the referral, we ask that you make them aware that the psychological assessment and therapy will be delivered remotely via video or telephone. Importantly, we are encouraging patients to engage in video appointments where possible using a secure application called ‘Microsoft Teams’. When completing this Referral Form can you please make considerations for the following points;* 1. *Does the patient have a phone / smartphone / tablet / PC?*
	2. *Does / can the patient have access to the internet?*
	3. *Can the patient achieve these in a safe and confidential space?*
	4. *Does the patient have an email address, and do they consent to being contacted by email?*
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| **Patient Information** (Referrals without full patient contact information will not be processed) |
| Title: | Surname: | First Name: |
| Current Address: |
| Town: | County: | Postcode:  |
| Mobile No: | Home Phone No: | Email: |
| NHS Number: | D.O.B: | Ethnicity: |
| **Patient GP Information**(In order to be considered for the service patients must be registered to a GP) |
| GP Name: |
| GP Address: |
| Town: | County: | Postcode: |
| GP Contact Number: |

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| **Additional Information** |
| Are there other services involved in the patient’s care (if so Who)? |
| **Is the Patient subject to an ongoing Care Programme Approach (CPA) process? Yes / No****If not subject to an ongoing CPA, please acknowledge that you understand that the Pathfinder Service do not provide care coordination or crisis management.**  **Yes / No** |
| Length of most recent prison sentence: | Date of release: |
| Length of Licence (including post sentence supervision (PSS) period): |
| **Have you had a clinical discussion about this referral with the patient? Yes / No** |
| **If applicable have you attached the following supplementary documentation:** |
| Psychology Reports  | PNC  | Psychiatric Reports | OAYSyS | Pre-Sentence Report |

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| **Reason for Referral** |
| Please give details of why you think this individual would benefit from psychological therapy offered by the Pathfinder Service. What are their current treatment / risk related difficulties? What areas do they need help with? |

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| **Current Risk** |
| Please outline the patient’s current risk of harm to others and to self (e.g. violence to others, including staff and risk of self-harm). Please include any safeguarding issues current or historical. Please include details of the treatment needs / assessment tools (if any) that you have used during this assessment e.g. HCR-20 or OAYSyS. |
| **Motivation / Readiness for Therapy** |
| Please provide some indication or perspective of the individual’s motivation to engage in psychological therapy at this time. What goals do they have for therapy? What do they wish to be different? Please comment on any potential therapy interfering factors such as their accommodation status, ability to manage and regulate their emotions, as well as other commitments e.g. childcare, work. Please comment on their engagement with your service. |
| **Offending History** |
| Please use this space to detail all offences records to date, please include alleged offences also if appropriate. |
| **Psychiatric History** |
| Please use this space to detail any psychiatric history the patient may have (include details of previous admissions, reason, dates and length of stay to psychiatric hospital), please include any childhood contact also. |
| **Any further comments** |
| Is the patient subject to any immigration proceedings, ongoing court proceedings? Are there any factors relating to the reference for or issues relating to the gender of clinicians working with them? |
| **Declaration** |
| Pathfinder will contact the referrer, patient and their GP when a decision is made regarding this referral.  | Yes / No |
| Were you sign posted to the Pathfinder Service via the Pathways Project? | Yes / No |
| If yes, please attach the OPD Pathway Formulation to your referral. Have you attached this? | Yes / No |
| Has the patient completed the attached consent form to enable Health / Probation records to be accessed as part of this referral? (Please note: the processing of this referral will be delayed if this is not included.) | Yes / No  |
| I declare the above details to be correct at time of writing.Signature of referrer:Date: |

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| **Referrer Information** |
| Title: | Surname: | First Name: |
| Occupation: | Service: |
| Secure E-mail Address (**this is the primary means of communication and is necessary**):  |
| Contact Number: | Fax Number: |
| **Service Address:** |
| Town: | County: | Postcode: |

**Please ensure that this form is fully completed, any incompleted forms will be returned which may result in a delay in the patient being considered. Please send the appropriate additional reports / assessments with this form.**

Please send your completed form via email to;

 oxfordhealth.pathfinder@nhs.net / Pathfinder@oxfordhealth.nhs.uk

Or by post to: Pathfinder Referrals

 Entrance 3 Manzil Resource Centre

 Manzil Way

 Oxford

 OX4 1XE





**Consent to Seek Information**

The Thames Valley Pathfinder Service is an NHS treatment service, and attendance and engagement are voluntary. We also work closely with professionals who are directly involved in your care and who are supporting you such as your Offender Manager (OM). For us to provide you a service we may need access to information about you from any other NHS Trusts, information as part of your National Probation Service (NPS) involvement, Police records and Social Service information.

**Patient Information**

Name: …………………………………………………………….

Date of Birth: ………………………………………………….

The Probation Service I was in contact with most recently was (please enter location):

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**I consent to the Thames Valley Pathfinder Service obtaining my offending history from Probation, the Police, Social Services and other NHS Trusts.**

Sign: ……………………………………………………………….

Date: ……………………………………………………………….

Please be aware that if you do not provide consent for professionals to share this information, this may impact our ability to provide support and care.