



# Mental Health Referral Form

	Date	Time	Attended
1 <sup>st</sup> Appointment			
2 <sup>nd</sup> Appointment			
3 <sup>rd</sup> Appointment			
<b>Outcome</b>			

Name:	<b>D1275</b>	Date of Birth:	<b>DPA</b>	Wing	
Referred By:	Eavan Owens	Date of Referral	01 May 2017	Room No.	
Is the detainee aware of the referral: YES / NO		CID	9912259		
<p>Reason for referral: <b>(Please include as much detail as possible as to why you feel it appropriate for the individual to be seen by a Mental Health Nurse)</b></p> <p><b>New admission. Claims mental health issues. States he hears voices. Repeated 'they will find me' on admission. Would not elaborate on who he was referring to or what would happen if 'they' found him. Preoccupied and inappropriate in manner. Vague and misleading with answers to questions on admission.</b></p>					

For completion by RMN

Mental Health Issue	Tick	Mental Health Issue	Tick
Stress Related		Suicide/ Self Harm	
Sleep Issue		Psychosis	
Torture Related		Personality Disorder	
Immigration Issue		Alcohol/Substance Misuse	
Low Mood		Bereavement	
Bi-Polar Disorder		Adjustment Disorder	
Depressive Disorder		Nil Require/Behavioural	

Outcome

Action	Tick	Action	Tick
ACDT		Referral to Nurse Triage	
Referral to Psychiatrist		Ongoing Mental Health Support	
Referral to G.P		Medication	
Referral to Chaplain		Stress/Sleep Management	
Nil Required		Emotional Health Group	

Date Seen:	Seen By:	Further Appointment: