



Mental Health Referral Form

	Date	Time	Attended
1 st Appointment			
2 nd Appointment			
3 rd Appointment			
Outcome			

Name:	Mr: D3639	Date of Birth:	DPA	Wing	
Referred By:	Miss Hannah Christian	Date of Referral	05 Jun 2017	Room No.	
Is the detainee aware of the referral: NO		CID	A1174AD		
<p>Reason for referral: (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)</p> <p>Stated to Oscar 2 that he is hearing voices also stated he wanted to kill himself on the 04/06 night shift has been moved from B-Wing onto constant watch</p> <p>Became verbally abusive to healthcare due to his medication see entry made on system1</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: