

Forensic Learning Disability and ASD Community Service

Referral Form

Thank you for your enquiry.

The community service is based at Memorial Hospital and accepts referrals across the SLP for:

- individuals aged 18-65 years;
 - with a confirmed diagnosis of Learning Disability and/or Autism Spectrum Disorder;
- and
- have a criminal conviction or a substantiated allegation for an offence that is linked to risk of harm of others
- or
- are considered to be at significant risk of offending
- or
- display behaviours that present an active and high risk to others or themselves.

The team's operational hours are Monday-Friday (9am to 5pm). We will provide feedback to your referral after initial screening within one week.

Name	
Date of Birth	
Gender	
Home Address (including type of accommodation – ie hostel and level of support, own home, etc)	
Registered GP (name and address)	
RiO/EPJS Number (if available)	
NHS Number	
Referral Source	Choose an item. Choose an item. Other:
Current Location	
Current MHA Status and/or Criminal Justice Status (eg MHA section and start date; remand inc date; sentence and start date, release/sentence end date; bailed, etc.)	
Current Responsible Clinician (RC)/ Consultant (if known to mental health services)	
Current Care Co-ordinator (if on CPA)	
Borough of Origin	
Ethnicity	
Religion	
Language Spoken/Signed (please indicate if interpreter required)	
MAPPA status	
Is the patient aware of the referral? If not, state reason.	
Is patient identified as part of the Transforming Care Programme cohort	Choose an item.

Please ensure that the all sections marked with an (*) are completed fully to make sure that the referral is not rejected on the basis of insufficient information.

The completed referral form should then be emailed to:
oxl-tr.communityforensicservice-ld-asd@nhs.net Telephone: 020 3927 6150

Referrer Details:

Name of referrer	
Grade/Profession	
Referrer's Team	
Contact Details (Inc. Email, Telephone and Fax details. If not the referrer, please indicate person to contact about referral)	
Authorising Responsible Clinician/Consultant if known to mental health services	
Date of referral	
Details of other Professional Involvement including contact details (i.e. CPN / Social Worker / OT / Support Staff/ Probation Officer/ Prison contact)	

Interventions offered :

- Will be matched to the level of risk of the service user;
- The focus will be on criminogenic needs of referred service users, integrated with strengths-based or a 'good lives', desistance-oriented approach to reducing risk;
- Treatment will be matched to the learning style, motivation and abilities of the service user (responsivity).

REASON FOR REFERRAL/PRESENTING PROBLEM

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Specific questions to address – e.g. risk assessment and management advice, advice on discharge placement etc., where relevant please describe the current management plan, the proposed management plan and explain how you think the requested intervention will improve the patient’s care

**URGENCY OF REFERRAL
(URGENT or ROUTINE)**

**IS THE PATIENT AWARE OF THE REFERRAL?
DO THEY HAVE CAPACITY TO CONSENT TO THE REFERRAL OR ASSESSMENT?**

DIAGNOSIS

EVIDENCE OF AUTISM SPECTRUM DISORDER OR LEARNING DISABILITY
(e.g. ADOS, ADI-R, DISCO, WAIS)

CURRENT LEGAL STATUS (TO INCLUDE MHA, DoLS ETC)

RELEVANT PAST PSYCHIATRIC HISTORY AND MEDICAL HISTORY

Inc. Learning disability, Personality disorder/traits, Past Psychiatric History (inc admissions and MHA status), Past Medication History and response to treatment

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DRUG AND ALCOHOL HISTORY	
PHYSICAL HEALTH HISTORY	
RISK HISTORY (FORENSIC HISTORY)	
Please detail any identified relationship between mental health and offending behaviour and a brief summary of the current risk management plan	
VULNERABLE ADULT ISSUES (Please specify as necessary)	Yes/No
CHILD PROTECTION ISSUES (Please specify as necessary)	Yes/No
OTHER SAFEGUARDING ISSUES (Please specify as necessary)	Yes/No

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CURRENT MEDICATION
CURRENT MENTAL STATE
RISK TO ASSESSING TEAM AND HOW THESE WILL BE MITIGATED
<p>Are there any specific factors that have not been mentioned above that the assessment team should consider?</p> <p>Examples would include (but not be limited to) following:</p> <ul style="list-style-type: none"> • Litigation • Directions and timescales from Tribunal Service • Involvement of external bodies e.g. CQC, Improving Lives Team • Family / carer views of referral

REPORTS ATTACHED	PLEASE TICK
*Current agency risk assessment MUST be up to date and included	<input type="checkbox"/>

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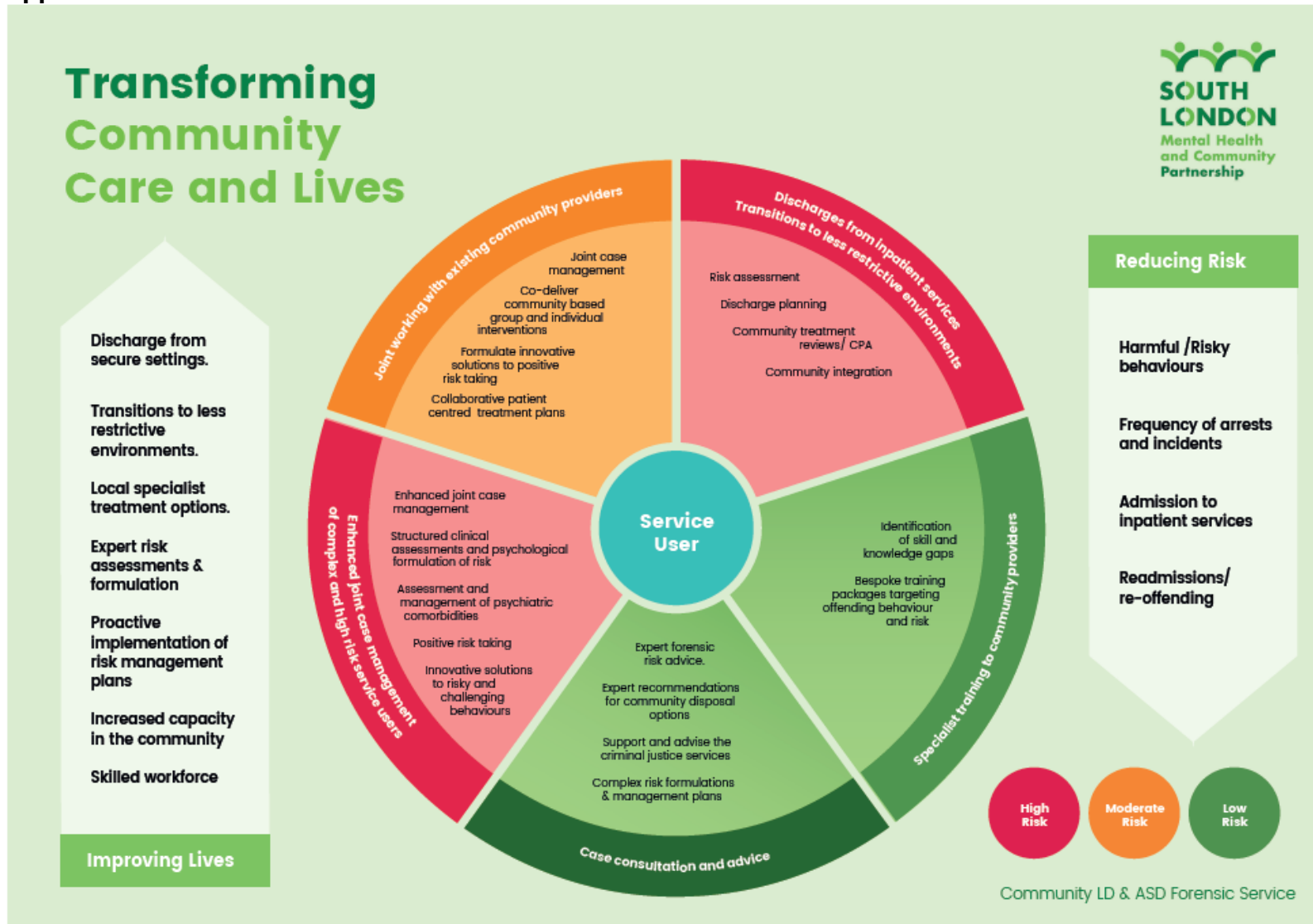
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Latest Psychiatric Report (s) including latest Mental Health Tribunal reports	
List of all previous offences and in particular the index offence, if relevant. PNC if available	
Latest CPA care plan	
Psychological Assessment or Treatment reports, Results of any prior psychometric testing, personality assessment or specialist assessments – IQ assessment (including brain scans)	
Other risk assessment (s) including any previous /up-to-date HCR20	

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Appendix One



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