

Patient Name: .....

Date of Referral: .....



All PICU referral requests will be responded to within 1 hour.  
Please phone the relevant ward before completing this form.

#### St Andrew's Contact Details

Female PICU	Frinton Ward, Essex	Telephone: 01268 723 860 Fax: 01268 723 966
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Male PICU	Audley Ward, Essex	Telephone: 01268 723 930 Fax: 01268 723 928
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	Heygate Ward, Northampton	Telephone: 01604 616 111 Fax: 01604 616 681
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Please complete all sections and provide contact details.

#### Patient Details

Name	Date of birth
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Gender	Ethnicity
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NHS Number

Address of patient

#### GP Details

Registered GP name	Practice Code
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Address

Telephone	Email
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#### Authorisation Details

Organisation responsible for funding

Address

Telephone	Email
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I confirm that I the undersigned have read, understood and accept the terms and conditions set out on page 4 and have the delegated authority to authorise this episode of treatment on behalf of the funding authority

Name

Designation

Telephone	Email
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Signature

Patient Name: .....

Date of Referral: .....

### Invoicing Details

**Contact name** **Designation**

**Address**

**Telephone** **Email**

**Payable code**

### Next of Kin

**Name** **Relationship**

**Address**

**Telephone**

### Reason for referral – Supporting details (add supporting paperwork if necessary)

#### Current Placement

**Contact name** **Designation**

**Address**

**Telephone** **Email**

**Brief patient history**  
(including antecedents  
resulting in referral)

#### Current Diagnosis

**Any known health problems**

**Does the patient require seclusion?**      **Yes**      **No**

**Treatment to date**  
(include physical health details,  
current medication, concordance/  
complaint or non-complaint)

**Is medication for the first 24/48  
hours being supplied by yourselves?**      **Yes**      **No**

**Current clinical details**  
Detail the rationale for referral

**Detail of aftercare/  
rehab arrangements**

**Current legal status**

**Information attached**      **Yes**      **No**

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**CPA/ Clinical Lead Contact Details (local case co-ordinator/ case manager)**

**Name** **Designation**

**Address**

**Telephone**

**Email**

**Source of Referral**

**Name of referring clinician**

**Address of referrer**

**Telephone**

**Email**

**Date of referral**

**Risk History**

**Risk to Others**

aggression / violence;  
abusive behaviours; convictions;  
fire setting; absconding

**Self-Harm**

suicidal Ideas; self-harm;  
substance misuse

**Self-Neglect**

poor nutrition and personal hygiene;  
activities of daily living

**Vulnerability**

non-compliance with medication;  
allergies, adverse drug reactions;  
abuse; victimisation; behaviour likely  
to provoke abuse.

**Risk related to children**

Is the service user in contact with  
any children?  
If yes, consider what specific risks  
there are to children

**Has a referral been made to  
Children's Social Care?**

**Are there any active symptoms that  
indicate an increased risk of harm  
to self or others?**

**Any concerns expressed by the  
family or carers?**

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Although the admission to St Andrew's PICU services and continuing treatment thereafter will amount to an acceptance of these terms and conditions of business, we require you to return a signed copy of this document

## 1 CHARGES

- 1.1 Unless and until an alternative fee arrangement has been agreed and confirmed in writing by us, our fees will be based on the schedule of charges featured below effective from 1st April 2016. St Andrew's Healthcare reviews its charges annually; you will be notified of any rate change at the appropriate time.
- 1.2 Enhanced Support (one-to-one nursing or above) is included for the first cumulative 7 days of support, regardless of the number of nurses required. Thereafter Enhanced Support will be charged at £20.00 per hour per nurse (Unless otherwise agreed by both parties).
- 1.3 Periods of leave where the bed is kept reserved for the patient, will be charged at 100% of the daily charge for the first 5 days and then at 85% of the daily charge thereafter.
- 1.4 The first invoice will be issued within 14 days of the admission and thereafter invoices are raised in advance on the second working day of each month. Invoices will be sent directly to the designated invoice address, with payment due within 14 days of the invoice date.

Service	Spot purchasing rates per day
Psychiatric Intensive Care Unit (PICU)- Male	£599.00
Psychiatric Intensive Care Unit (PICU)- Female	£629.00

- 1.5 Transport on discharge is included in the daily bed rate for patients where their stay exceeds 7 days. Transport for any discharge where the patient's stay is less than, or equal to, 7 days will be charged as follows; for journeys 50 - 100 miles £850 and £1,050 for journeys 100+ miles, transfers under 50 miles are included.

Daily charges are generally all inclusive with the following exceptions which will be charged as and when used:

- Tests and procedures that have to be acquired from other health care providers
- Exceptional drug costs not related to mental health status
- Enhanced Support as described in 1.2 above
- Staff and travel costs associated with court/home/hospital visits

**A full set of St Andrew's Terms and Conditions are available on request.**

Save