

# Patient Enquiry/Referral Form



Please complete all sections and return form to  
Dene Hall – County Admissions Department fax: 0191 527 9836  
Further patient specific information/details may be requested

## REFERRER'S DETAILS

DATE: (dd/mm/yy)	CONTACT ADDRESS:
NAME OF REFERRER:	
NAME OF ORGANISATION:	Postcode:
CONTACT PHONE NO:	EMAIL ADDRESS:

## PATIENT'S DETAILS

FULL NAME: (please print)		
MALE/FEMALE (delete one)	DATE OF BIRTH: (dd/mm/yy)	CURRENT AGE:
PATIENT'S LAST KNOW HOME ADDRESS:		
POSTCODE:		
NHS NUMBER: (compulsory)	SOCIAL SERVICES IDENTIFICATION NUMBER:	
LAST KNOW G.P.'s NAME:	G.P.'s ADDRESS:	
G.P.'S CONTACT PHONE NO:	POSTCODE:	

## DETAILS OF PATIENT'S CURRENT PLACEMENT

ORGANISATION NAME:	ORGANISATION ADDRESS:
CONTACT NAME:	
PHONE NUMBER:	POSTCODE:

**FUNDING – who will fund the placement at Dene Hall – County Durham**

PCT / TRUST NAME:

CONTACT NAME:

CONTACT PHONE NUMBER:

CONTACT ADDRESS:

POSTCODE:

**Please ensure that you have informed the PCT / Trust of this Referral****PLEASE LIST BELOW ANY PROFESSIONALS INVOLVED IN THE PATIENT'S CARE**

i.e. Clinical Lead, CPN, Social Worker

Name	Designation	Address	Contact Phone Number

**SUMMARY OF DIAGNOSIS / MAIN PROBLEMS**

Please give details:

**\*\* PLEASE ATTACH ANY SUPPORTING REFERRAL DOCUMENTATION \*\***

i.e. Psychiatric Reports, Risk Assessment Reports, Mental Health Tribunal Reports

**REASON FOR REFERRAL (please tick relevant boxes below)**

No local NHS facility available		Secure bed required	
Local NHS facility is full		Cost of Bed	
Specialist Service Offered at Huntercombe Group		Location	
Huntercombe Group Reputation/Recommended		Emergency Bed Required	

If there is any other reasons for the referral, please state:

\* This information will be held securely under the Data Protection Act. The information will not be released without further consent from the originating organisation. Your details will be held in a database and may be used for marketing purposes by The Huntercombe Group. If you object to us sending you details of our services, please tick here:

*Thank you for completing this enquiry/referral form*