**South Tyneside- Dynamic Support Register (DSR) referral form**

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| Please return the completed form to [STyneComplexCaseFacilitators@cntw.nhs.uk](mailto:STyneComplexCaseFacilitators@cntw.nhs.uk)  Should you feel it would be beneficial to discuss this case via teams call, please contact on the above. | | | | | |
| Name of Person: |  | | | Gender: |  |
| NHS Number: |  | | | Date of Birth: |  |
| Current address (including postcode):: |  | | | | |
| Usual address  (if different):: |  | | | | |
| Current Accommodation Type (e.g. with parents): | |  | If appropriate, name of commissioned care provider | |  |
| What is the background to the significant risk of current placement breakdown and hospital admission?: | |  | | | |
| Diagnosis: | |  | | | |

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| Has a Care (Education) and Treatment review been considered: | | | | |  | | | | | | | | |
| Has this person had an admission previously? | | Y/N | | | | | | Do they have a Personal Budget | | | | Y/N | |
| If a child or young person do they have a keyworker? (if yes, please provide name and details) | | | | | | |  | | | | | | |
| Do they have an advocate? (if yes, please provide name and details) | | | | | | |  | | | | | | |
| Name of Responsible local authority / ICB? | | |  | | | | | | Who is the local lead professional? | | |  | |
| If out of area, what is the long term plan for return? | | |  | | | | | | | | | | |
| Are there current risk management plans, care plans and crisis and contingency plans? If so, date last reviewed: | | |  | | | | | | | | | | |
| GP Name: | | |  | | | | | | | | | | |
| GP Surgery address: | | |  | | | | | | | | | | |
| Date of referral: | | |  | |
| Has the person been informed about the purpose of the Dynamic Support Register? | | | | | | | | | Yes |  | NO | |  |
| Has the person consented to being added? | | | | | | | | | Yes |  | NO | |  |
| Date and evidence of consent: | | | | | | | | | | | | | |
| If the person does not have the capacity to consent, please provide evidence of the decision by the MDT that it is in the person’s best interest to proceed i.e. MCA / MDT minutes: | | | | | | | | | | | | | |
| If no capacity, where has the decision to proceed been recorded? | | | | | | | | | | | | | |
| Completed by (signature): | | | | | Print name: | | | | | | | | |
| Role: | | | | | Date: | | | | | | | | |
| Contact number: |  | | | E-mail: | |  | | | | | | | |

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| Person’s preferred method of communication | | | | | |
| English (spoken) |  | Other spoken language |  | Sign language |  |
| Gestures/facial expressions |  | Pictures/Makaton |  | No obvious means |  |
| Other (please state): |  | | | | |
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| **ETHNIC BACKGROUND** *(Please tick box that applies)* | | | |
| White British |  | Black or Black British ‐ African |  |
| White Irish |  | Black or Black British ‐ Caribbean |  |
| White – any other White background |  | Black or Black British ‐ Other |  |
| Mixed: White \ Asian |  | Asian or Asian British ‐ Bangladeshi |  |
| Mixed: White \ Black African |  | Asian or Asian British ‐ Indian |  |
| Mixed: White \ Black Caribbean |  | Asian or Asian British ‐ Pakistani |  |
| Mixed ‐ White and Black Caribbean |  | Asian or Asian British ‐ Other |  |
| Mixed ‐ Other |  | Asian or Asian British -Chinese |  |
| Other Ethnic Groups |  | Not Specified / Unknown |  |
| **Any identified religious, cultural or spiritual needs?** |  | | |

For Office use only:

DSR RAG Rating

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| RED | AMBER | GREEN | Not appropriate for DSR |
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