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

****

|  |
| --- |
| Please return the completed form to STyneComplexCaseFacilitators@cntw.nhs.ukShould 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: |  |

|  |  |
| --- | --- |
| 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: |  |

|  |
| --- |
| Person’s preferred method of communication |
| English (spoken) |  | Other spoken language |  | Sign language  |  |
| Gestures/facial expressions  |  | Pictures/Makaton |  | No obvious means |  |
| Other (please state): |  |
|  |  |

|  |
| --- |
| **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

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