



Oak View

—Hospital—

Specialist Adolescent Care Unit
Crockenhill Road
ORPINGTON, KENT
BR5 4EP
Tel: 01689 883180 • Fax: 01689 898497
Email: referral@oakviewhospital.co.uk

REFERRAL PACK

PATIENT REFERRAL INFORMATION

DATE: _____

PATIENT DETAILS

Patient's Surname:							
Patient's Forename:							
D.O.B:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity:			
Legal Status:				MHA Status:	Children Act:	Asylum:	
Address:							
Parent or Guardian Name:							
Referral discussed and agreed				<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Address: (If different from above)							
Contact Number:							

REFERRING AGENCY DETAILS

Referring Agency:			
Contact Name:			
Address:			
Telephone Number:	Fax:		
Email:			
How did you hear about Oak View?			
<input type="checkbox"/> Colleague		<input type="checkbox"/> Other	
<input type="checkbox"/> Flyer		(Please Specify)	
<input type="checkbox"/> Website			

Multi-axial Classification (ICD10/DSMIV)

1. Primary Disorder

2. Developmental Problems

3 IQ.

4. Medical Problems

5. Psychological Problems

Reason for Referral:

Any other relevant information?

Aims of Admission:

1. Short Term

2. Long Term

***** Please attach any supporting referral documentation *****

FUNDING SOURCE

Funding:			
Contact Name:			
Address:			
Telephone number:		Fax No:	
Email:			
** Please ensure that you have informed the PCT/Trust of this referral.			

CAMHS DETAILS (if different from referrer)

CAMHS Consultant:			
CAMHS Keyworker:			
CAMHS Address:			
Telephone:		Fax:	

LOCAL AUTHORITY Details
(if different from the referrer)

Responsible Local Authority:	
Team Name:	
Social Worker:	
Address:	
Telephone;	Fax:

GP Details

Name:	
Address:	
Telephone:	Fax:

SCHOOL/COLLEGE

Name:	
Address:	
Contact Name:	
Telephone:	Fax:

**PLEASE LIST BELOW ANY OTHER PROFESSIONALS
INVOLVED IN THE PATIENT'S CARE.**

Name	Designation	Address and Contact Details

REASON FOR REFERRAL

- No Local NHS facility available
- Local NHS facility is full
- Oak View reputation/recommended
- Secure Bed required
- Cost of Bed
- Location
- Emergency Bed required
- Other (please specify):

CHECKLIST FOR REFERRERS

1. Completion of Essential Documentation

- In-Patient Referral Form
- Referral Letter
- Mental Health Act Documents

2. Provision of Relevant Document Copies

Health Related Documentation

- Psychiatric/CAMHS Letters and Reports
- Paediatric/Medical Records
- Relevant GP Records
- Relevant Family Medical/Psychiatric Reports

Social Services Documentation

- Needs Assessment
- Child Protection Reviews
- Looked After Child Care Plan
- Family Centre Reports

Educational Documentation

- Recent and Previous School Reports
- Statement of Special Educational Needs (And Reviews)
- Assessment information (Key stage test results)
- Non-statutory assessments, SEN assessment
- Copy of IEP if relevant
- Attendance record

Forensic and Medico-Legal Documentation

- Police Records
- Youth Offending Team Assessments
- Criminal Proceedings and Indictments
- Expert Witness Court Reports
- Care-Proceedings and Children Act Orders



ADMISSION CRITERIA

Oak View is committed to providing the highest quality adolescent psychiatric care through our therapeutic programme of care, education, social therapy and treatment.

Age:	Age 12 – 18 years
Gender:	Males and Females
Primary Diagnosis	Diagnosed as having an Axis 1 Mental Disorder [DSM IV/ICD 10]
PPD:	Patients with a diagnosis of pervasive developmental disorder would be considered if there were also an Axis 1 Mental Disorder [DSM IV/ICD 10] present.
Substance Use/ Misuse:	Patients with a history of substance use / misuse would be considered if there was also an Axis 1 Mental Disorder [DSM IV/ICD 10] present.
Sexual Behaviour	Patients with a history of inappropriate sexual behaviour or a history of sexual offending would be considered if there was also an Axis 1 Mental Disorder [DSM IV/ICD 10] present.
Learning Ability	Patients with learning difficulties would not be excluded, however in order to benefit from the Oak View therapeutic programme only those clients with Mild and Moderate learning abilities should be referred. Those with Severe learning difficulties may benefit from placement elsewhere, with a specific regime for their needs.
Forensic History:	Patients with a forensic history or offending behaviours will be considered, however, only if an Axis 1 Mental Disorder [DSM IV/ICD 10] is present.
Legal Status:	Patients may be admitted under a section of the Mental Health Act [1983].

Please return this completed referral pack to

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