

Appendix II. Referral form for an adult Intensive Psychiatric Care Unit

Member of IPCU staff Taking referral.....

IPCU MDT discussion	
Please circle Admit? Yes No	
Detail Expectations of stay and conditions of return	
For all Admissions please confirm the below:	
Approximate time of admission	
Mode of transport	
Location of MHA papers	
Security of home/Location of keys	
Location of Children/pets	
Access to clothing and essentials	
Access to Money	
Next Of Kin informed of admission by	
If admission declined please give reason why, advice offered and re-referral	

IPCU Staff signature (print and sign).....

Referring staff signature (print and sign).....

GRH IPCU v1.0