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

Member of IPCU staff Taking referral.....

IPCU MDT discussion	
DI CALCOVA N	
Please circle Admit? Yes No  Detail Expectations of stay and conditions of return	
Detail Expectations of stay and conditions of feturii	
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 Clothing and essentials  Access to Money	
Next Of Kin informed of admission by	
If admission declined please give reason why, advice offer	red and re-referral
in dufficion decimed piedes give reason why, davice one	Total and To Total and
IDCII Staff signature (maint and sign)	
ii 00 otali sigilature (print and sign)	
Referring staff signature (print and sign)	
	GRH IPCU v1.0