**Personal Independence Coordinator (PIC) Service**

**Referral Form**

**Note:** **If you are an ICN+ team member**, you do not need this form as you can refer through an ICN+ meeting or email your local ICN+ PIC directly. **If you are a community or healthcare professional outside ICN+**, please fill in this referral form and email the completed form to **croydonpic@nhs.net**.

**Once we have received the form** our Community Referral Team will aim to process the referral within 3 working days. However please note we are not an emergency service, and it may take up to 4 weeks to begin engagement with the person referred.

**We regret that we cannot accept incomplete referrals**, so please provide full details as requested.

**Please ensure you COMPLETE ALL SECTIONS**

**Essential Criteria (tick both): Referrer Details:**

|  |  |  |
| --- | --- | --- |
|[ ]  **Over 50**  |  | **Name:**  |
|[ ]  **Capacity to engage, understand and set goals** |  | **Contact Details:**  |
|  |  |  | **Job Title:**  |
|  |  |  | **Organisation and Team:**  |

**Additional criteria: please tick at least one Health Need and at least one Support Need:
Health Needs Support Needs**

|  |  |  |
| --- | --- | --- |
|[ ]  **One hospital admission in last 12 months** |  |[ ]  **At risk of falls / daily activities affected by health conditions / lacking confidence in mobility** |
|[ ]  **2+ hospital admissions in last 12 months** |  |[ ]  **Would benefit from support to manage independently at home** |
|[ ]  **Frequent A&E attendance (more than 3 times a month)** |  |[ ]  **Socially isolated** |
|[ ]  **Frequent GP surgery attendance (more than 3 times a month)** |  |[ ]  **Financial issues** |
|[ ]  **At risk of hospital admission (give details below)** |  |[ ]  **Emotional or wellbeing needs (give details below)** |

**Exclusion Criteria:**

|  |
| --- |
| **People not registered with a Croydon GP / not living in the borough**People referred to the service should normally be registered with a Croydon GP and live in Croydon. People who are not registered with a Croydon GP, or not resident in Croydon, will be considered on a case-by-case basis. |
| **People who do not wish to engage with the service** |
| **People less likely to be able to participate and benefit from the service**Referrers should use their professional judgement to exclude:* People who are too frail to engage or set goals;
* People who have a significant mental health condition or drug / alcohol dependency that is not being managed, or for which support has been refused;
* People who lack the mental capacity to engage or set goals;
* People whose only goal relates to housing or complex benefits - please refer instead to Age UK Croydon Advice Services or Citizens Advice Croydon;
* People who have one specific need only, as the PIC Service is holistic - please refer instead to a Social Prescriber or other relevant service.
 |

**Details of person being referred:**

|  |  |
| --- | --- |
| **Name:**  | **Date of referral:**       |
| **Address:**  |
| **Telephone:**  |
| **Date of birth:**  | **Gender:** |
| **GP Surgery:**  | **Client’s consent obtained: Yes** [ ]  **No** [ ]  |
| **Have you identified any past/present/potential risks to visiting this person at home? (eg mental health condition, drug/alcohol issues, household members, pets, environment). If there are risks or the person is known to SLAM please provide risk assessment.** |
| **What health issues does the person have? (Please give details and if a*t risk of hospital admission* ticked above please explain why):** |
| **If you have ticked *emotional/wellbeing needs* above, please give details:** |
| **What support have you provided? Are you continuing to provide support?** |
| **Is the person receiving support from any other services? If yes, please state which:** |
| **When discussing this referral with the person, what support did they want from the PIC Service?** |
| **Other reasons for referral – what support do you want for the person?** (Your referral is important to us. To achieve the best outcome for the person you are referring we need to know as much information as possible): |

**Please email completed referral form to:** **croydonpic@nhs.net**

Last updated DEC 2022