Oxfordshire Out of Hospital Care Team

**Step Down / Step Up Initial Enquiry Form**

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| **Service referral** | **Please tick** |
| Step Down - Oxford |  |
| Step Down - Banbury |  |
| Step Down – either Oxford or Banbury |  |
| Step Up - Oxford |  |

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| --- | --- |
| Date of Enquiry |  |
| Referrer Name  |  |
| Email of referrer |  |
| Contact number of referrer |  |
| Hospital referred from |  |
| Name of potential client |  |
| Cluster number (Mental Health) |  |
| NHS Number |  |
| Address or c/o address of potential client |  |
| Contact number of potential client |  |
| NI number |  |
| Date of birth |  |
| Local Connection/Out of County |  |
| Name of any others present |  |
| Is patient aware and agrees with referral |  |
| Stay request (please tick) | 4 weeks: 6 weeks: 8 weeks: other (please specify):  |
| Does patient have any questions about this referral |  |
| Details of enquiry and any actions taken. To include reason for admission: |  |

**Useful Contacts**

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| **Name** | **Relationship / Agency** | **Contact Details**  |
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**Housing and financial status**

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| Current Housing Situation (include tenure)Has Duty To Refer been made and to which local authority |  |
| Past Housing(please ask for five year history) |  |
| Notices or eviction (include current and past) |   |
| Any other relevant information |  |

**Income**

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| What benefits are you currently receiving and howmuch (if applicable) |  |
| Do you have any savings (how much)? |  |
| Do you have proof of ID? If so, what?Do you need to obtain any proof of ID? |  |

**Physical and mental health needs**

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| GP Name and contact number  |
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| Physical and Sensory Health: type of health issues, diagnosed or of concern, medication (to include any special storage instructions), impact and management allergies, pregnancy, any programmes/support groups they may be attending.  |
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| Mobility concerns (aids provided) |
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| Covid: has a Covid test been taken? What was the date and the result? Have you been vaccinated? If so, which ones and date: Have you received the booster? If so, dates: |
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| Mental Health and cluster number (type of need, suspected or diagnosed, admission history, general symptoms, medication – impact and management, programmes they may be attending e.g.: complex needs) |
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| Substance Use: drug and alcohol use, age when first used, when it became problematic, current use, history of overdose, current spending, engagement with substance use service. Please highlight if using intravenously.  |
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**Offending**

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| Offending history (include arrest & prosecution history, outstanding warrants, any current statutory orders, probation details)Is the Service User subject to MAPPA arrangements?  |
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**Risk Information**

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| Risk to self: overdose, suicidal thoughts and/or attempts, deliberate self-harm, high risk behaviours |
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| Risk to Others (including staff, public, dependants, and details)  |
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| Risk from others: domestic abuse, is service user subject to MARAC arrangements? Bullying and harassment issues.  |
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| Safeguarding: are there any identified Child or Adult Protection issues?  |
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| Are there any safety or risk assessments from other agencies? If yes, please give details. |
|  |

Please send completed form to:

Step Down - Oxford

* Stepdown@connectionsupport.org.uk (or contact the team on 01865 590223 /763780)

Step Down - Banbury

* stepdown@homelessoxfordshire.uk (or contact the team on 01295 587018 / 07407 813619)

Step Up - Oxford

* stepup@homelessoxfordshire.uk (or contact the team on 07936 344249)