



MAPLE HOUSE WARRINGTON - SPECIALIST LOCKED REHABILITATION SERVICE FOR  
 MEN WITH COMPLEX MENTAL HEALTH NEEDS  
 INITIAL REFERRAL FORM - Please fill out with as much detail as possible

Referral Date:		Patient's NHS Number:			
Patient's Full Name:		Patient's Gender:			
		Patient's Date of Birth:			
Patient's Current Address:		Patient's Current Service Level:			
		Patient's Current MHA Status (please mark):	S2	S3	S37
			x		
			S37/41	S117	CTO
			Discharged		

Referrer Name:		Responsible CGG:	
Referrer Phone:		CCG Address:	
Referrer Email:		CCG Phone:	
		CCG Email:	

Patient's Current Diagnosis:		Patient's Previous Diagnosis:			
Physical Health Conditions/ Needs:		Drug and Substance Use:	Drugs	Alcohol	Smoker
			None		
Complete List of Current Medication:		Forensic History:	Violence	Sexual	Arson
			Other		
		Reasons for Referral:			
Patient's Current Needs:		Patient's Medium to Long Term Needs:			

Please return this form with current care plan and risk assessment to: The Registered Manager Maple House, Norris Street, Warrington, WA2 7RP Tel: 07591 142 241 or email Rebecca at - [rebecca.gleave@krinvestcare.com](mailto:rebecca.gleave@krinvestcare.com)