# Hammersmith & Fulham High Risk Panel –Referral form

Referrals can be made to the High-Risk Panel where all other avenues have been explored and there continues to be a significant concern about the well-being and safety of the adult. It is important that other approaches and frameworks have been considered prior to referral. This includes ensuring that a multi-agency approach has been explored via multi-disciplinary meetings and shared action planning.

Referrals must be submitted at least six working days prior to each panel by email to ceri.gordon@lbhf.gov.uk. The panel chair will have the final say on which cases will be heard at each panel. Referrals must be sent either from a secure e-mail account ending in gov.uk, NHS.net or met.pnn.police.uk, or using an appropriate encryption service.

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| --- | --- | --- | --- |
| **Personal details of the adult at risk** | | | |
| Name: | Click or tap here to enter text. | | |
| Address: | Click or tap here to enter text. | | |
| Date of Birth or approximate age: | Click or tap here to enter text. | | |
| Address: | Click or tap here to enter text. | | |
| **Has the person consented to referral?** | **Yes ☐ No ☐** | | |
| If no, is the referral being made in their best interests? | **Yes ☐ No ☐**  *If yes, please attach the relevant mental capacity assessment & record of best interests decision to referral.* | | |
| Is there referral being made due to public or vital interest? | **Yes ☐ No ☐** | | |
| If referral is being made in persons best interests, or due to public or vital interest, please give details: | Click or tap here to enter text. | | |
| **Details of the person making the referral:** | | | |
| Name: | Click or tap here to enter text. | | |
| Role: | Click or tap here to enter text. | | |
| Agency/service: | Click or tap here to enter text. | | |
| Email: | Click or tap here to enter text. | | |
| Telephone: | Click or tap here to enter text. | | |
| Manager’s Email: | Click or tap here to enter text. | | |
| **Supporting documents**  Please ensure that the following are attached to the referral:   * Latest assessment * Latest risk assessment/risk management plan | | | |
| Date of latest assessment: | Click or tap to enter a date. | | |
| Date of latest risk assessment/risk management plan: | Click or tap to enter a date. | | |
| Has this case been heard at any other multi-agency panel? | **Yes ☐ No ☐** | | |
| If yes, please state which panel and what the outcome was. | Click or tap here to enter text. | | |
| **Reason for referral to high-risk panel:** please ensure that you clearly outline the type of risk and detail all interventions which have previously been considered.  Click or tap here to enter text. | | | |
| The below to be completed following panel discussion: | | | |
| **Date considered by the Hammersmith & Fulham High Risk Panel:** | | | Click or tap to enter a date. |
| **Recommendations:** Click or tap here to enter text. | | | |
| **Update comments:** Click or tap here to enter text. | | | |
| **Case closed date:** | | Click or tap to enter a date. | |