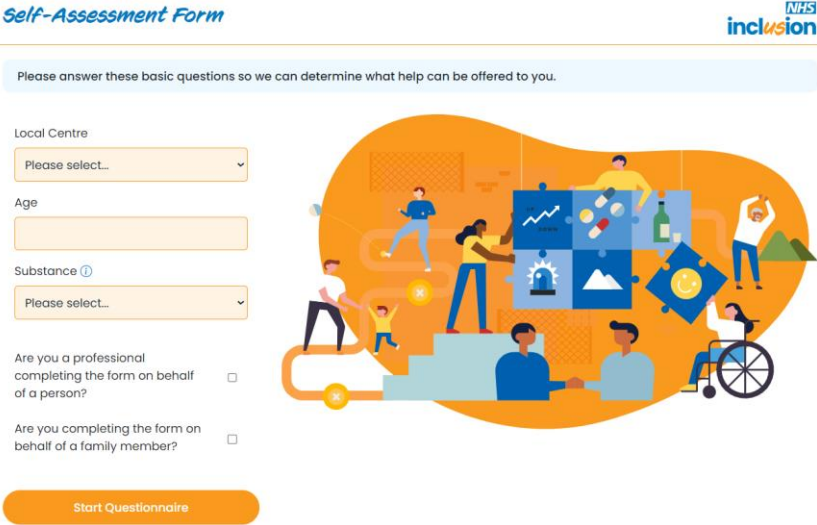
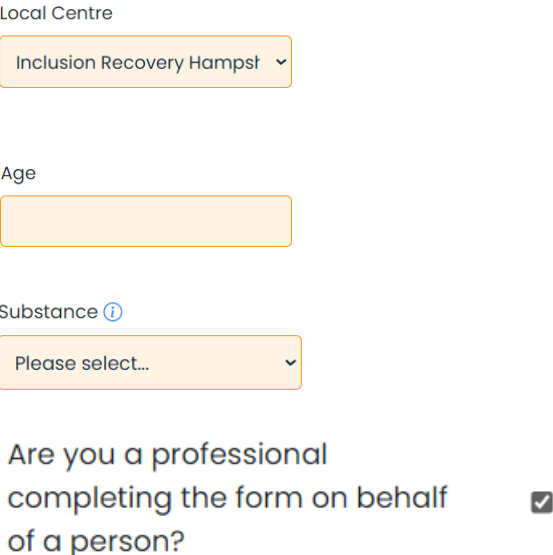




Making a Professional Referral for a Person to the Inclusion Service (Inclusion Recovery Hampshire)

This guide will show you how to complete the self assessment form for the Inclusion Recovery Hampshire service, if you are a professional completing the referral on behalf of a person.

No	Step Description	Screenshot
1	<p>How to Access the Self Assessment</p> <p>You can access the self assessment form from the internet using the following website:</p> <p>This will take you to the home screen of the Self Assessment Form.</p>	<p>https://inclusion-referral-uat.mpft.nhs.uk/</p> 
2	<p>Completing the Options on the Home Screen</p> <p>Before you complete the self-assessment, you must select some options on the home screen.</p> <p>Local Centre: for a referral in Hampshire, you must select the Inclusion Recovery Hampshire option from the menu</p> <p>Age: enter the age of the person you are completing the assessment for.</p> <p>Substance: you must select the main substance that the person needs help with from the list.</p> <p>Tick the 'Are you a professional completing the form on behalf of a person?' option.</p>	

	Once you have selected the appropriate options on the home screen you must tap the Start Professional Referral button or the Start YP Professional Referral button if the person is under the age of 26.	<div>Start Professional Referral</div> <div>Start YP Professional Referral</div>																																		
3	Professional Completing the Form on Behalf of a Person <p>This will take you to either the Professional Referral screen or the Young Persons Professional Referral screen depending on the age of the person. The two forms are different so they will be covered in sections 3a & 3b.</p>	<div>Professional Referral</div> <div>Young Persons Professional Referral</div>																																		
3a	Completing a Professional Referral for a Person 25 or Under <p>This will take you to the Young Persons Professional Referral.</p> <p>In the Professional Information section, you must type in your details.</p> <p><i>Information that must be filled in is marked with a red asterisk, all the boxes in the personal information section must be filled in.</i></p> <p>In the Personal Information section, you must type in the details for the young person.</p> <p>In the Address section you must enter the address and postcode of the young person or tick the No Fixed Address option.</p>	<div>Young Persons Professional Referral</div> <div>Professional Information</div> <table><tr><td>Professional's Name *</td><td>Simon Powls</td><td>Professional's Address *</td><td>Abbeywell Surgery, The Abt</td></tr><tr><td>Professional's Postcode *</td><td>SO51 8EN</td><td>Professional's Contact Number *</td><td>07980654321</td></tr><tr><td>Professional's Email Address *</td><td>simon.powls@nhs.net</td><td>Professional's Organisation *</td><td>Abbeywell Surgery</td></tr></table> <div>Personal Information</div> <table><tr><td>YP First Name *</td><td>Simon</td><td>YP Surname *</td><td>Williams</td></tr><tr><td>YP Date Of Birth *</td><td>18/02/2008</td><td>YP Sex at birth *</td><td>Male</td></tr><tr><td>YP Phone Number *</td><td>07980123456</td><td>Email Address *</td><td>simon.williams47@outlook.com</td></tr><tr><td>YP Country Of Birth *</td><td>United Kingdom</td><td>YP's Preferred Language if Not English *</td><td>English</td></tr></table> <div>Address</div> <table><tr><td>YP Address *</td><td>12 The Avenue Southampton Hampshire</td></tr><tr><td>YP Postcode *</td><td>SO51 6AL</td></tr><tr><td>No Fixed Address</td><td><input type="checkbox"/></td></tr></table>	Professional's Name *	Simon Powls	Professional's Address *	Abbeywell Surgery, The Abt	Professional's Postcode *	SO51 8EN	Professional's Contact Number *	07980654321	Professional's Email Address *	simon.powls@nhs.net	Professional's Organisation *	Abbeywell Surgery	YP First Name *	Simon	YP Surname *	Williams	YP Date Of Birth *	18/02/2008	YP Sex at birth *	Male	YP Phone Number *	07980123456	Email Address *	simon.williams47@outlook.com	YP Country Of Birth *	United Kingdom	YP's Preferred Language if Not English *	English	YP Address *	12 The Avenue Southampton Hampshire	YP Postcode *	SO51 6AL	No Fixed Address	<input type="checkbox"/>
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In the **Current Details** section, you must say whether the young person is registered with a GP surgery, and you can add the surgery address and postcode if you know these.

In the **Situation** section, you must say whether they have a disability.

If you say yes to them having a disability the form will expand to allow you to tick which disabilities, they have.

In the **Young Person** section, you should enter details of their education provider, whether they are NEET, if they have consented to the referral, whether a CAF has been raised, whether the parents are aware of the referral, give a brief overview and history of their needs, detail any known risks and the details of any other agencies involved.

In the **Substances** section the main substance the person has a problem with will have pulled through from the questions on the home screen.

You can tick what other drugs/alcohol that the person has used.

In the **Referral** section you must select who is referring the person to the service from the menu.

In the **Consent to Contact** section, you must tick all the options that the person has consented to be contacted by. You must select at least one option but can tick as many as they have consented to.

Current Details	
Is the YP registered to a GP surgery? *	<div>Yes</div>
What is the address the YP's GP surgery?	<div>Abbeywell Surgery The Abbey Romsey</div>
What is the postcode of the YP's GP surgery?	<div>SO51 8EN</div>
Situation	
Is the patient pregnant? *	<div>No</div>
Does the patient have a disability? *	<div>Yes</div>
Disabilities (tick all that apply):	
No Disability	<input type="checkbox"/>
Behaviour and emotional	<input type="checkbox"/>
Hearing	<input checked="" type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>
Mobility and gross motor	<input type="checkbox"/>
Perception of Physical harm	<input type="checkbox"/>
Personal, self-care and continence	<input type="checkbox"/>
Physical health condition	<input type="checkbox"/>
Sight	<input type="checkbox"/>
Speech	<input type="checkbox"/>
Other	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>
Young Person	
YP's Education Provider *	<div>Abbeywell School</div>
Is the YP NEET? *	<div>No</div>
Has the YP consented to this referral? *	<div>Yes</div>
Has a CAF been raised? *	<div>No</div>
Are the parents aware of the referral? *	<div>Yes</div>
Brief overview of YP's history and needs *	<div>Add overview here</div>
Any Known Risks *	<div>Detail any known risks here</div>
Any other agencies involved *	<div>details of any other agencies involved entered here</div>
Substances	
Main problem substance: *	<div>Cocaine</div>
Other substances used:	
Alcohol	<input checked="" type="checkbox"/>
Heroin	<input type="checkbox"/>
Methadone	<input type="checkbox"/>
Cannabis	<input checked="" type="checkbox"/>
Ecstasy	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
Crack	<input type="checkbox"/>
NPS	<input type="checkbox"/>
Solvents	<input checked="" type="checkbox"/>
Ketamine	<input type="checkbox"/>
NitrousOxide	<input type="checkbox"/>
GHB	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>
AnabolicSteroids/PerformanceDrugs	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Opiates	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>
Other	<input type="checkbox"/>
Referral	
Who referred the patient to this service? *	<div>GP</div>
Consent to Contact	
There are a number of methods we can use to contact the patient. Please select the method/s below that the patient consents to us using. *	
Phone	<input checked="" type="checkbox"/>
Voicemail	<input type="checkbox"/>
Letter	<input type="checkbox"/>
Text	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>

	<p>You can add any other relevant information in the Additional Information section.</p> <p>A message is displayed explaining what should happen when you click the Submit button and informing you what you can do if this does not work. There is also a phone number to contact if the form does not submit correctly 0300 124 0103.</p> <p>Once you have completed the young persons referral form you must tap on the Submit button at the bottom of the form.</p> <p>You should then see a screen confirming that the form has been submitted successfully.</p> <p>Click on the OK button to return to the home screen.</p> <p><i>If this message does not appear please try and complete and submit the referral again or contact us on 0300 124 0103.</i></p>	<div> <div>Additional Information</div> <div> <div>Any Other Information</div> <div>Additional information can be added in this section as required</div> </div> </div> <p>Once the form is submitted, you will be presented with a screen confirming your submission was successful. If you are not presented with this screen, please try again or contact us via phone on 0300 124 0103</p> <div> <div>Submit</div> </div> <div> <div>Thank you for your submission.</div> <div> <div>NHS inclusion</div> <div> <div>Self-referral Completed Successfully</div> <div> <div>Thank you for your submission.</div> <div> <div>We can confirm that your referral has been received and a member of the team will contact you within the next 3 working days.</div> <div> <div>(If you are making the referral on behalf of someone else, we will contact them directly instead)</div> <div> <div>In the meantime if your circumstances change or you are in need or urgent support please call us directly on 0300 124 0103 and select your service from the options provided.</div> <div> <div>In the event of a medical emergency, please call 999. If you think you need medical help right now, please call 111.</div> </div> </div> </div> <div>OK</div> </div> </div> </div> </div></div>
3b	<p>Completing a Professional Referral for a Person 26 or Over</p> <p>In the Professional Information section, you must type in your details.</p> <p><i>Information that must be filled in is marked with a red asterisk, all the boxes in the professional information section must be filled in.</i></p> <p>In the Personal Information section, you must type in the details for the person.</p> <p><i>Information that must be filled in is marked with a red asterisk, all the boxes in the personal information section must be filled in.</i></p>	<div> <div>Professional Referral</div> <div> <div>NHS inclusion</div> <div> <div>Professional Information</div> <div> <div> <div>Professional's Name *</div> <div>Simon Powls</div> </div> <div> <div>Professional's Address *</div> <div>Abbeywell Surgery, The Abt</div> </div> </div> <div> <div>Professional's Postcode *</div> <div>SO51 8EN</div> </div> <div> <div>Professional's Contact Number *</div> <div>07980654321</div> </div> <div> <div>Professional's Email Address *</div> <div>simon.powls@nhs.net</div> </div> <div> <div>Professional's Organisation *</div> <div>Abbeywell Surgery</div> </div> </div> <div> <div>Personal Information</div> <div> <div> <div>Person First Name *</div> <div>Simon</div> </div> <div> <div>Surname *</div> <div>Williams</div> </div> </div> <div> <div>Person Date Of Birth *</div> <div>16/02/1990</div> </div> <div> <div>Person Sex at birth *</div> <div>Male</div> </div> <div> <div>Person Phone Number *</div> <div>07980123456</div> </div> <div> <div>Person Email Address *</div> <div>simon.williams 47@outlook.com</div> </div> <div> <div>Ethnicity *</div> <div>English/Welsh/Scottish/Norther</div> </div> <div> <div>Person Country Of Birth *</div> <div>United Kingdom</div> </div> </div> </div> </div>

In the **Address** section you must enter the address and postcode of the person or tick the **No Fixed Address** option.

In the **Current Details** section, you must say whether they are registered to a GP surgery, and you can add the surgery address and postcode if you know these.

In the **Situation** section, you must say whether the person is pregnant and whether they have a disability.

If you say yes to them having a disability the form will expand to allow you to tick which disabilities, they have.

You should also say whether the person has any mental health conditions and how many under 18's live at the person's house.

In the **Substances** section the main substance the person has a problem with will have pulled through from the questions on the home screen.

You can tick what other drugs/alcohol that the person has used.

In the **Referral** section you must select who is referring the person to the service from the menu.

In the **Consent to Contact** section, you must tick all the options that the person has consented to let the inclusion service use to contact them. You must select at least one option but can tick as many as they have consented to.

Address	
Person Address *	<div>12 The Avenue Southampton Hampshire</div>
Person Postcode *	<div>SO51 6AL</div>
No Fixed Address	<input type="checkbox"/>

Current Details	
Is the person registered to a GP surgery? *	<div>Yes</div>
What is the address of the person's GP surgery?	<div>Abbeywell Surgery The Abbey Romsey</div>
What is the postcode of the person's surgery?	<div>SO51 8EN</div>

Situation	
Is the person pregnant? *	<div>No</div>
Does the person have a disability? *	<div>Yes</div>
Disabilities (tick all that apply):	
No Disability	<input type="checkbox"/>
Behaviour and emotional	<input type="checkbox"/>
Hearing	<input checked="" type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>
Mobility and gross motor	<input type="checkbox"/>
Perception of Physical harm	<input type="checkbox"/>
Personal, self-care and continence	<input type="checkbox"/>
Physical health condition	<input type="checkbox"/>
Sight	<input type="checkbox"/>
Speech	<input type="checkbox"/>
Other	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>
Does the person have any mental health conditions	<div>Yes</div>
How many under 18's live in the person's house?	<div>0</div>

Substances	
Main problem substance: *	<div>Cocaine</div>
Other substances used:	
Alcohol	<input checked="" type="checkbox"/>
Heroin	<input type="checkbox"/>
Methadone	<input type="checkbox"/>
Cannabis	<input checked="" type="checkbox"/>
Ecstasy	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
Crack	<input type="checkbox"/>
NPS	<input type="checkbox"/>
Solvents	<input checked="" type="checkbox"/>
Ketamine	<input type="checkbox"/>
NitrousOxide	<input type="checkbox"/>
GHB	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>
AnabolicSteroids/PerformanceDrugs	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Opiates	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>
Other	<input type="checkbox"/>

Referral	
Who referred the person to this service? *	<div>GP</div>

Consent to Contact	
There are a number of methods we can use to contact the person. Please select the method/s below that the person consents to us using. *	
Phone	<input checked="" type="checkbox"/>
Voicemail	<input type="checkbox"/>
Letter	<input type="checkbox"/>
Text	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>

