

# 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](mailto: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.

### Essential Criteria (tick both):

<input type="checkbox"/>	Over 50
<input type="checkbox"/>	Capacity to engage, understand and set goals

### Referrer Details:

Name:
Contact Details:
Job Title:
Organisation and Team:

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

#### Health Needs

<input type="checkbox"/>	One hospital admission in last 12 months
<input type="checkbox"/>	2+ hospital admissions in last 12 months
<input type="checkbox"/>	Frequent A&E attendance (more than 3 times a month)
<input type="checkbox"/>	Frequent GP surgery attendance (more than 3 times a month)
<input type="checkbox"/>	At risk of hospital admission (give details below)

#### Support Needs

<input type="checkbox"/>	At risk of falls / daily activities affected by health conditions / lacking confidence in mobility
<input type="checkbox"/>	Would benefit from support to manage independently at home
<input type="checkbox"/>	Socially isolated
<input type="checkbox"/>	Financial issues
<input type="checkbox"/>	Emotional or wellbeing needs (give details below)

### Exclusion Criteria:

<b>People not registered with a Croydon GP / not living in the borough</b> 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.
<b>People who do not wish to engage with the service</b>
<b>People less likely to be able to participate and benefit from the service</b> Referrers should use their professional judgement to exclude: <ul style="list-style-type: none"><li>• People who are too frail to engage or set goals;</li><li>• People who have a significant mental health condition or drug / alcohol dependency that is not being managed, or for which support has been refused;</li><li>• People who lack the mental capacity to engage or set goals;</li><li>• People whose only goal relates to housing or complex benefits - please refer instead to Age UK Croydon Advice Services or Citizens Advice Croydon;</li><li>• People who have one specific need only, as the PIC Service is holistic - please refer instead to a Social Prescriber or other relevant service.</li></ul>

### Details of person being referred:

Name:	Date of referral:
Address:	
Telephone:	
Date of birth:	Gender:
GP Surgery:	Client's consent obtained: Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>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). <b>If there are risks or the person is known to SLAM please provide risk assessment.</b></p>
<p>What health issues does the person have? (Please give details and if <i>at risk of hospital admission</i> ticked above please explain why):</p>
<p>If you have ticked <i>emotional/wellbeing needs</i> above, please give details:</p>
<p>What support have you provided? Are you continuing to provide support?</p>
<p>Is the person receiving support from any other services? If yes, please state which:</p>
<p>When discussing this referral with the person, what support did they want from the PIC Service?</p>
<p><b>Other reasons for referral – what support do you want for the person?</b> (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):</p>

**Please email completed referral form to: [croydonpic@nhs.net](mailto:croydonpic@nhs.net)**

Last updated January 2022