

RECONNECT, care after custody, professionals' referral form

Please complete as much of this form as possible and ensure that consent has been obtained. We cannot assess referrals without risk information or confirmation of MAPPA status. We are currently unable to accept MAPPA Level 2 or 3 referrals.

Date of referral	
Prisoner's name	
Prisoner's date of birth	
Sex assigned at birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex
Gender	<input type="checkbox"/> Male (including trans man) <input type="checkbox"/> Female (including trans woman) <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer to self-describe <input type="checkbox"/> Prefer not to say
Sexual orientation	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other
Ethnicity (please state)	
Prisoner's NHS number	
Prisoner consent obtained for referral and access to healthcare records	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prisoner's release date (if sentenced/recalled)	
If remanded, next court date	

<p>If already released, please provide contact details</p> <p><i>*We accept referrals up to 28 days post release</i></p>	
<p>Previous Armed Service or reservist history</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Identified vulnerabilities (vulnerabilities cont.)</p> <p><i>*Choose all that apply</i></p> <p><i>**Please note, 'housing' <u>is not</u> a referral criteria</i></p>	<p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Substance Misuse</p> <p><input type="checkbox"/> Acquired Brain Injury</p> <p><input type="checkbox"/> Physical Health</p> <p><input type="checkbox"/> Neurodiversity (ADHD/Autism)</p> <p><input type="checkbox"/> Personality Disorder</p> <p><input type="checkbox"/> Veteran</p>
<p>Risks</p>	<p><input type="checkbox"/> Risk to self</p> <p><input type="checkbox"/> Risk to others</p> <p><input type="checkbox"/> Risk from others</p>
<p>MAPPA status <i>*We currently unable to accept referrals for Level 2 or 3 MAPPA offenders</i></p>	
<p>Other services involved (in HMP or community)</p>	
<p>Prisoner's Community Offender Manager (COM), if known/open, and their office base</p>	

Prisoner's Prison Offender Manager (POM), if open, and their base	
Release area (county/town) <i>*We process referrals from Bucks/Berks/Oxon. Referrals for Milton Keynes are forwarded onto their Reconnect team. Referrals to other areas are assessed by us and forwarded to the local Reconnect team.</i>	
Referrer's name	
Referrer's email address	
Referrer's service and location	
Any other information	

Thank you for completing this referral.

Please email your completed form to ReconnectReferrals@berkshire.nhs.uk

If you are a COM/POM, please attach a Risk Assessment or OASYS report to the referral.

To discuss your referral or speak to the team call: 0300 365 55 55.