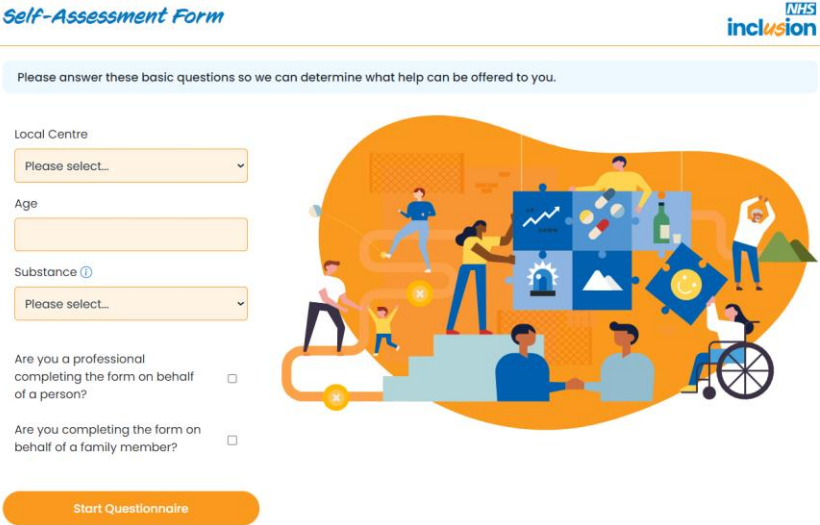
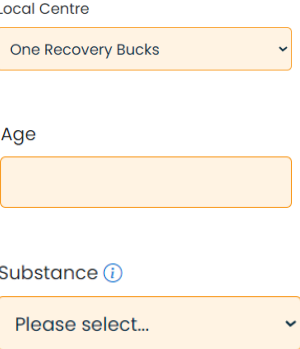



Making a Professional Referral for a Person to the Inclusion Service (One Recovery Bucks)

This guide will show you how to complete the self assessment form for the One Recovery Bucks 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>	<div> https://inclusion-referral-uat.mpft.nhs.uk/ </div> 
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 Buckinghamshire, you must select the One Recovery Bucks 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> <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 17 or under.</p> <p><i>Note: if you have said that the family member’s age is 17 or under, and clicked on the Start YP Professional Referral button, a message will appear informing you that the One Recovery Bucks service doesn’t provide support for young people in your area, and it displays the web address of the service that does support young people.</i></p> <p>https://cranstoun.org/help-and-advice/young-people/switch-bucks/</p>	<p>Are you a professional completing the form on behalf of a person? <input checked="" type="checkbox"/></p> <p>Start Professional Referral</p> <p>Start YP Professional Referral</p> <p>Unfortunately we don’t provide support for young people in your area, please find below the details for your local service:</p> <p>https://cranstoun.org/help-and-advice/young-people/switch-bucks/</p>																																				
3	<p>Completing a Professional Referral for a Person 18 or Over</p> <p>If the person is 18 or over and you clicked on the Start Professional Referral button:</p> <p>This will take you to the 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 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>	<p>Start Professional Referral</p> <p><i>Professional Referral</i> </p> <table><tr><td colspan="4">Professional Information</td></tr><tr><td>Professional’s Name *</td><td>Simon Powls</td><td>Professional’s Address *</td><td>Central Milton Keynes Medical Pro</td></tr><tr><td>Professional’s Postcode *</td><td>MK13 8RN</td><td>Professional’s Contact Number *</td><td>01908 123987</td></tr><tr><td>Professional’s Email Address *</td><td>simon.powls@nhs.net</td><td>Professional’s Organisation *</td><td>Central Milton Keynes Medical Pro</td></tr></table> <table><tr><td colspan="4">Personal Information</td></tr><tr><td>Person First Name *</td><td>Simon</td><td>Surname *</td><td>Williams</td></tr><tr><td>Person Date Of Birth *</td><td>16/02/1990</td><td>Person Sex at birth *</td><td>Male</td></tr><tr><td>Person Phone Number *</td><td>07980123456</td><td>Person Email Address *</td><td>simon.williams 47@outlook.com</td></tr><tr><td>Ethnicity *</td><td>English/Welsh/Scottish/Norther</td><td>Person Country Of Birth *</td><td>United Kingdom</td></tr></table>	Professional Information				Professional’s Name *	Simon Powls	Professional’s Address *	Central Milton Keynes Medical Pro	Professional’s Postcode *	MK13 8RN	Professional’s Contact Number *	01908 123987	Professional’s Email Address *	simon.powls@nhs.net	Professional’s Organisation *	Central Milton Keynes Medical Pro	Personal Information				Person First Name *	Simon	Surname *	Williams	Person Date Of Birth *	16/02/1990	Person Sex at birth *	Male	Person Phone Number *	07980123456	Person Email Address *	simon.williams 47@outlook.com	Ethnicity *	English/Welsh/Scottish/Norther	Person Country Of Birth *	United Kingdom
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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 *	12 The Avenue Broadwell Common Milton Keynes
Person Postcode *	MK13 3BB
No Fixed Address	<input type="checkbox"/>



Current Details	
Is the person registered to a GP surgery? *	Yes
What is the address of the person's GP surgery?	CMK Medical Centre Bradwell Common Boulevard Bradwell Common Milton Keynes
What is the postcode of the person's surgery?	MK13 8RN

Situation	
Is the person pregnant? *	No
Does the person have a disability? *	Yes
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	Yes
How many under 18's live in the person's house?	0

Substances	
Main problem substance: *	Cocaine
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? *	GP

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"/>

<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 772 9672.</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 776 9672.</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 772 9672</p> <div><div>Submit</div></div> <p>Thank you for your submission.</p> <div><div><div>Self-referral Completed Successfully</div><div><div>Thank you for your submission.</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>(If you are making the referral on behalf of someone else, we will contact them directly instead)</div><div>In the meantime if your circumstances change or you are in need or urgent support please call us directly on 0300 772 9672 and select your service from the options provided.</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>OK</div></div><div></div></div></div>
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