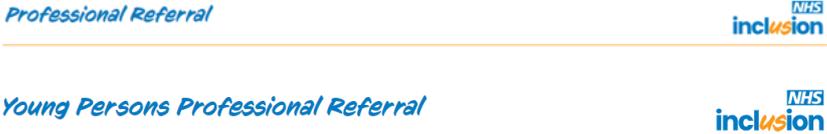
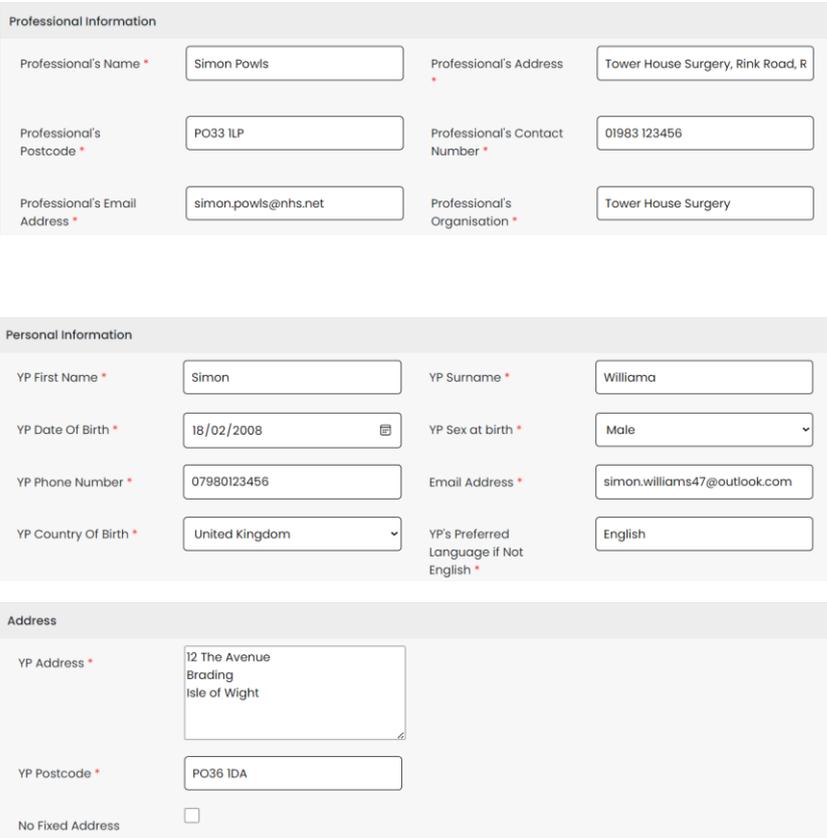


## Making a Professional Referral for a Person to the Inclusion Service (Inclusion Isle of Wight)

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

No	Step Description	Screenshot
	Date: 14/04/2025	Version: 1.0
1	<p><b>How to Access the Self Assessment</b></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 <b>Self Assessment Form</b>.</p>	<p><a href="https://inclusion-referral-uat.mpft.nhs.uk/">https://inclusion-referral-uat.mpft.nhs.uk/</a></p>
2	<p><b>Completing the Options on the Home Screen</b></p> <p>Before you complete the self-assessment, you must select some options on the home screen.</p> <p><b>Local Centre:</b> for a referral on the Isle of Wight, you must select the Inclusion Isle of Wight option from the menu</p> <p><b>Age:</b> enter the age of the person you are completing the assessment for.</p> <p><b>Substance:</b> you must select the main substance that the person needs help with from the list.</p>	

	<p>Tick the ‘<b>Are you a professional completing the form on behalf of a person?</b>’ option.</p> <p>Once you have selected the appropriate options on the home screen you must tap the <b>Start Professional Referral</b> button or the <b>Start YP Professional Referral</b> button if the person is under the age of 26.</p>	<p>Are you a professional completing the form on behalf of a person? <input checked="" type="checkbox"/></p> <p><b>Start Professional Referral</b></p> <p><b>Start YP Professional Referral</b></p>
3	<p><b>Professional Completing the Form on Behalf of a Person</b></p> <p>This will take you to either the <b>Professional Referral</b> screen or the <b>Young Persons Professional Referral</b> screen depending on the age of the person. The two forms are different so they will be covered in sections 3a &amp; 3b.</p>	<p><i>Professional Referral</i></p> <p><i>Young Persons Professional Referral</i></p> 
3a	<p><b>Completing a Professional Referral for a Person 25 or Under</b></p> <p>This will take you to the <b>Young Persons Professional Referral</b>.</p> <p>In the <b>Professional Information</b> 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 <b>Personal Information</b> section, you must type in the details for the young person.</p> <p>In the <b>Address</b> section you must enter the address and postcode of the young person or tick the <b>No Fixed Address</b> option.</p>	<p><i>Young Persons Professional Referral</i></p>  <p><b>Professional Information</b></p> <p>Professional's Name * Simon Powls Professional's Address * Tower House Surgery, Rink Road, R  Professional's Postcode * PO33 1LP Professional's Contact Number * 01983 123456  Professional's Email Address * simon.powls@nhs.net Professional's Organisation * Tower House Surgery</p> <p><b>Personal Information</b></p> <p>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</p> <p><b>Address</b></p> <p>YP Address * 12 The Avenue  Brading  Isle of Wight  YP Postcode * PO36 1DA  No Fixed Address <input type="checkbox"/></p>

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 know 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? \*

What is the address the YP's GP surgery?

What is the postcode of the YP's GP surgery?

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**Situation**

Is the patient pregnant? \*  Does the patient have a disability? \*

Disabilities (tick all that apply):

No Disability	<input type="checkbox"/>	Personal, self-care and continence	<input type="checkbox"/>
Behaviour and emotional	<input type="checkbox"/>	Physical health condition	<input type="checkbox"/>
Hearing	<input checked="" type="checkbox"/>	Sight	<input type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Other	<input type="checkbox"/>
Mobility and gross motor	<input type="checkbox"/>	Decline to answer	<input type="checkbox"/>
Perception of Physical harm	<input type="checkbox"/>		

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**Young Person**

YP's Education Provider \*  Is the YP NEET? \*

Has the YP consented to this referral? \*  Has a CAF been raised? \*

Are the parents aware of the referral \*  Brief overview of YP's history and needs \*

Any Known Risks \*  Any other agencies involved \*

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**Substances**

YP Main problem substance: \*  Other substances used:

Alcohol	<input checked="" type="checkbox"/>	Ketamine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	NitrousOxide	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	GHB	<input type="checkbox"/>
Cannabis	<input checked="" type="checkbox"/>	Amphetamines	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	AnabolicSteroids/PerformanceDrugs	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>
Crack	<input type="checkbox"/>	Opiates	<input type="checkbox"/>
NPS	<input type="checkbox"/>	Fentanyl	<input type="checkbox"/>
Solvents	<input type="checkbox"/>	Other	<input type="checkbox"/>

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**Referral**

Who referred the patient to this service? \*

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**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"/>	Text	<input checked="" type="checkbox"/>
Voicemail	<input type="checkbox"/>	Email	<input checked="" type="checkbox"/>
Letter	<input type="checkbox"/>		

You can add any other relevant information in the **Additional Information** section.

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 330 2001.

Once you have completed the young persons referral form you must tap on the **Submit** button at the bottom of the form.

You should then see a screen confirming that the form has been submitted successfully.

Click on the **OK** button to return to the home screen.

*If this message does not appear please try and complete and submit the referral again or contact us on 0300 330 2001.*

#### Additional Information

Any Other Information

Additional Information can be added in this section as required

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 330 2001

Submit

Thank you for your submission.

### Self-referral Completed Successfully

Thank you for your submission.

We can confirm that your referral has been received and a member of the team will contact you within the next 3 working days.

(If you are making the referral on behalf of someone else, we will contact them directly instead)

In the meantime if your circumstances change or you are in need or urgent support please call us directly on 0300 330 2001 and select your service from the options provided.

In the event of a medical emergency, please call 999. If you think you need medical help right now, please call 111.

OK

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inclusion



### Completing a Professional Referral for a Person 26 or Over

This will take you to the **Professional Referral**.

In the **Professional Information** section, you must type in your details.

*Information that must be filled in is marked with a red asterisk, all the boxes in the professional information section must be filled in.*

In the **Personal Information** section, you must type in the details for the person.

*Information that must be filled in is marked with a red asterisk, all the boxes in the personal information section must be filled in.*

#### Professional Referral

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##### Professional Information

Professional's Name *	<input type="text" value="Simon Powls"/>	Professional's Address *	<input type="text" value="Tower House Surgery, Rink Road, R"/>
Professional's Postcode *	<input type="text" value="PO33 1LP"/>	Professional's Contact Number *	<input type="text" value="07980324156"/>
Professional's Email Address *	<input type="text" value="Simon.powls@nhs.net"/>	Professional's Organisation *	<input type="text" value="Tower House Surgery"/>

##### Personal Information

Person First Name *	<input type="text" value="Simon"/>	Surname *	<input type="text" value="Williams"/>
Person Date Of Birth *	<input type="text" value="16/02/1990"/>	Person Sex at birth *	<input type="text" value="Male"/>
Person Phone Number *	<input type="text" value="07980123456"/>	Person Email Address *	<input type="text" value="simon.williams 47@outlook.com"/>
Ethnicity *	<input type="text" value="English/Welsh/Scottish/Norther"/>	Person Country Of Birth *	<input type="text" value="United Kingdom"/>

3b

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 \*

Person Postcode \*

No Fixed Address

---

**Current Details**

Is the person registered to a GP surgery? \*

What is the address of the person's GP surgery?

What is the postcode of the person's surgery?

---

**Situation**

Is the person pregnant? \*  Does the person have a disability? \*

Disabilities (tick all that apply):

No Disability	<input type="checkbox"/>	Personal, self-care and continence	<input type="checkbox"/>
Behaviour and emotional	<input type="checkbox"/>	Physical health condition	<input type="checkbox"/>
Hearing	<input checked="" type="checkbox"/>	Sight	<input type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Other	<input type="checkbox"/>
Mobility and gross motor	<input type="checkbox"/>	Decline to answer	<input type="checkbox"/>
Perception of Physical harm	<input type="checkbox"/>		

Does the person have any mental health conditions  How many under 18's live in the person's house?

---

**Substances**

Main problem substance: \*

Other substances used:

Alcohol	<input checked="" type="checkbox"/>	Ketamine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	NitrousOxide	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	GHB	<input type="checkbox"/>
Cannabis	<input checked="" type="checkbox"/>	Amphetamines	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	AnabolicSteroids/PerformanceDrugs	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>
Crack	<input type="checkbox"/>	Opiates	<input type="checkbox"/>
NPS	<input type="checkbox"/>	Fentanyl	<input type="checkbox"/>
Solvents	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

---

**Referral**

Who referred the person to this service? \*

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**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"/>	Text	<input checked="" type="checkbox"/>
Voice-mail	<input type="checkbox"/>	Email	<input checked="" type="checkbox"/>
Letter	<input type="checkbox"/>		

You can add any other relevant information in the **Additional Information** section.

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 330 2001.

Once you have completed the young persons referral form you must tap on the **Submit** button at the bottom of the form.

You should then see a screen confirming that the form has been submitted successfully.

Click on the **OK** button to return to the home screen.

*If this message does not appear please try and complete and submit the referral again or contact us on 0300 330 2001.*

#### Additional Information

Any Other Information

Additional Information can be added in this section as required

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 330 2001

Submit

*Thank you for your submission.*

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### **Self-referral Completed Successfully**

Thank you for your submission.

We can confirm that your referral has been received and a member of the team will contact you within the next 3 working days.

(If you are making the referral on behalf of someone else, we will contact them directly instead)

In the meantime if your circumstances change or you are in need or urgent support please call us directly on 0300 330 2001 and select your service from the options provided.

In the event of a medical emergency, please call 999. If you think you need medical help right now, please call 111.

OK

