**Critical Care Network Peer Support: Referral Form**

Name of person being referred …………………………………………………………………

Name of referring person (if different) …………………………………………………………………

Date of referral …………………………………………………………………

Brief outline of reason for referral ………………………………………………………………...............................

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If you would like to request a Peer supporter based on their online profiles please state your top three choices below. No guarantees can be made regarding peer support allocation).

1………………………………………………………………

2……………………………………………………………….

3……………………………………………………………….

If you don’t mind which Peer Supporter you are allocated BUT would like them to be from a specific team, please select the desired team(s) below.

PICU …............ Emergency Department ............. Theatres/Anaesthesia ..............

Is the person being referred aware of (and consenting) to the referral? Yes ………… No …………

Contact details for the person being referred ………………………………………………………………….

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Contact details for the referring person (if different) …………………………………………………………………..

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