|  |  |
| --- | --- |
| Is the person aged between 14 – 35? | Y/N |
| Do they live in Southwark or Lambeth? | Y/N |
| Are they open to accepting help and to meet with a professional? | Y/N |

IF YES TO ALL 3 QUESTIONS PLEASE CONTINUE:

There are three ways in which people can meet criteria for an assessment with OASIS, please check below to see if the person meets one or more factors:

|  |  |  |
| --- | --- | --- |
| A –  Attenuated Psychotic Symptoms? | Are they having unusual experiences that have either **started or worsened** in the last year **AND** have they experienced a decline in their social/occupational functioning within the last 12 months?  For example..  Feeling paranoid and/or suspicious? Are they hearing sounds and/or voices? Do they have the sense that something odd is going on? Do they feel things have a special meaning for them? Have they dropped out of college/work?  (If person has had experiences for more than 5 years they are not suitable for OASIS). | Y/N |
| B –  BLIPS? (Brief, limited Intermittent Psychotic Symptoms) | Have they had a brief psychotic episode that has resolved within a short time (maximum 4 weeks) and without medication?  (If this is a drug induced only psychosis they are not suitable for OASIS – this rule does not apply if cannabis use is longstanding) | Y/N |
| C –  Close relative with psychosis? | Do they have a first degree relative with a psychotic disorder **PLUS** a deterioration in their mental state and/or functioning in the last year? | Y/N |

If the person meets one or more of the above criteria please complete the details below and refer to OASIS on [oasisreferrals@slam.nhs.uk](mailto:oasisreferrals@slam.nhs.uk) or call the duty worker on 0203 228 7200.

|  |  |
| --- | --- |
| Date of Referral:  How did you hear about OASIS? | Referrer contact details: |
| Client Name:  Client DOB:  Trust ID if already known to services | Client Address:  Contact phone  Email address |
| GP contact details: |  |

|  |  |
| --- | --- |
| Summary of current presentation/concerns in relation to ABC (please refer to the assessment criteria as listed above). | |
| **A –**  **B –**  **C-** | |
| **Any Previous Psychiatric History?**  Please give details: | **Drug/alcohol use?** Please give details: |
| **Current medications?** Please give details: | **Any current concerns about risk to self and/or others?** Please give details: |
| **Any previous history of risk to self and/or others?** Please give details: | **Any additional/relevant information:** |

PLEASE REFER TO THE OASIS DUTY WORKER ON:

email to: [oasisreferrals@slam.nhs.uk](mailto:oasisreferrals@slam.nhs.uk) or contact on 0203 228 7200



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