

**Exceptional Circumstances Submission Form**

**(Mental Health Individual Funding Requests)**

**On completion please send to: ny.mentalhealthifr@nhs.net**

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| **CCONTACT INFORMATION** |  |
| 1. Referring Clinician
 | **GP/Consultant Name:** |  |
| **GP Name (if different to referring clinician)** |  |
| **Practice/Hospital name and address:** |  |
| **Tel:** |  |
| **Fax:** |  |
| **Email:** |  |
| **Provider referred to:** |  |
| 1. Patient Details
 | **NHS Number:** |  |
| **Date of referral to exception panel:** |  |
| 1. Patient Diagnosis
 |  |
| 1. Intervention Requested
 |  |
| 1. Significant clinical history

e.g. duration of symptoms, co-morbidities |  |
| 1. Give details of relevant treatment/management/ investigations carried out in primary/secondary care (in accordance with the relevant clinical thresholds)
 |  |
| 7. Please describe the **clinical**need for this intervention |  |
| 8. Please explain why thispatient is likely to haveexceptional benefit fromthis intervention, i.e.significantly more benefitfrom this intervention thanmight be expected for theaverage patient with thatparticular condition. |  |
| 9. What would be theestimated impact ofdenying access to theintervention on; mobility,self-care, pain/discomfort,anxiety/depression? |  |
| 10. Patient has given consent to share information to all organisations involved in this process (please tick box to confirm) |  |

**Please ensure that you enclose a copy of the referral letter with this form.**

**The referral cannot be considered unless all relevant information is included.**