

**MENTAL HEALTH PROGRAMME:
ADMISSION FORM**



Please note - complete form in BLOCK CAPITALS
Return this form to: mhnurses@cigna.com

Hospital name	
Telephone number	

PATIENT DETAILS

Name	
Member number	
Address	
Postcode	
Date of birth	
Admission date	

ADMITTING CONSULTANT

Name	
Diagnosis	
DSM V Code	
Number of days being requested	

Current or historical diagnoses (Physical & Mental)		
Diagnosis date	Condition	Current or historical - if current, please details treatment

ADMISSION DETAILS

Criteria for psychiatric inpatient treatment
Please describe the clinical needs of the patient, with details, of how the presenting symptoms fulfil the criteria for psychiatric inpatient treatment

Has patient previously been admitted for psychiatric treatment?	Yes:		No:	
If yes, provide details of previous admissions, including dates				
Define nursing observation level				
Does patient require HDU care? Or any treatment incurring non standard bed fees?	Yes:		No:	

Alcohol or addiction treatment:
Please note Cigna only cover inpatient treatment for medical detox which can't safely be administered on an outpatient/home detox basis. If this is the case, outline the medical criteria by which this is necessary:

RISK ASSESSMENT & MANAGEMENT

Suicide risk

There is a risk of suicide that can only be managed in an inpatient psychiatric unit

Detail the factors that mean this is unable to be safely managed as an outpatient

Aggressive behaviour

Leading to fear of injury to others or self

Self neglect

To the extent that inpatient nursing care is indicated

Nutritional deficiency

Requiring restoration of body weight, hydration, and nutritional status

Diagnostic assessment

Diagnosis and treatment plan cannot be established as outpatient

Specific treatments

Requires treatment unable to be carried out as outpatient

TREATMENT PLAN WHILST INPATIENT

Psychopharmacology:

Detail all medications including start date and dosage

Date begun	Drug name	Dosage

Psychotherapy

Detail type (i.e. individual, group) , approach (i.e. CBT, interpersonal) & frequency

Others

Discharge plan

Please detail the anticipated follow up outpatient requirements

OTHER TREATMENT COSTS

If the treatment plan will incur any costs such as Physicians fees or Therapists fees, please specify the rate and frequency

Funding note

If this patient's treatment needs exceed the financial limit of their policy an alternative treatment path will be required. Indicate that you are aware of this possibility and are prepared to act to secure continuation of care.

Information on this form will be reviewed by Cigna Mental Health Services to monitor its Mental Health Programme. Further information may be requested.

Submission of this form does not constitute authorisation of the treatment requested until approved by Cigna.

Name	
Signature of consultant	
Date	

Together, all the way.SM



Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorised personnel. Copyright © Cigna 2021. All rights reserved. Cigna European Services (UK) Ltd (Financial Services Register No. 788765) is an appointed representative for Cigna Life Insurance Company of Europe S.A.-N.V. UK Branch (Financial Services Register No. 202845) and Cigna Europe Insurance Company S.A.-N.V. UK Branch (Financial Services Register No. 207198) which are authorised and regulated by the National Bank of Belgium. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website. Cigna Europe Insurance Company SA-NV, UK branch, is a foreign branch of Cigna Europe Insurance Company S.A.-N.V. (a company registered in Belgium in the Brussels Trade Registry with limited liability, authorised under licence 2176 and with Registration Number 0474.624.562 and registered address at Plantin en Moretuslei 309, 2140 Antwerp, Belgium), registered in England and Wales with registered number BR017168 and registered address at 13th Floor 5 Aldermanbury Square, London, EC2V 7HR. Cigna Life Insurance Company of Europe SA-NV, UK branch, is a foreign branch of Cigna Life Insurance Company of Europe S.A.-N.V. (a company registered in Belgium in the Brussels Trade Registry with limited liability, authorised under licence 0938 and with registration number 00421.437.284 and registered address at Plantin en Moretuslei 309, 2140 Antwerp, Belgium), registered in England and Wales with registered number BR000754 and registered address at 13th Floor 5 Aldermanbury Square, London, EC2V 7HR. Cigna European Services (UK) Limited is a limited company having its registered address at 13th Floor, 5 Aldermanbury Square, London EC2V 7HR and registered number 00199739