**Exceptional Circumstances Submission Form**

**(North Yorkshire Mental Health Individual Funding Request)**

**On completion, please send to: hnyicb-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:** |  |
| **Email:** |  |
| **Provider referred to:** |  |
| 1. Patient Details
 | **NHS Number:** |  |
| **Date of referral to IFR panel:** |  |
| 1. Patient Diagnosis
 |  |
| 1. Intervention Requested

(Name of provider, number of sessions) |  |
| 1. Significant clinical history

(Duration of symptoms, co-morbidities) |  |
| 1. Give details of relevant treatment/management/ investigations already 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 have**exceptional benefit** fromthis intervention(Significantly more benefit from this intervention than might be expected for the average patient with that particular condition) |  |
| 9. What would be theestimated impact ofdenying access to theintervention (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.**
* **Please fully complete the IFR form electronically (handwritten notes cannot be accepted).**
* **Although other evidence can be submitted, the IFR form is the main source of information for the panel and must be completed in full with particular attention to demonstrating exceptionality.**
* **As far as possible please submit documentation as either a Microsoft Word document or PDF.**