## Lewisham Talking TherapiesSupporting your mental health (IAPT)


## PROFESSIONAL REFERRAL FORM

**We need you to have completed all questions on this form to consider the referral.**

**As all of the information is relevant to us, we may be unable to accept a referral when questions are incomplete.**

|  |
| --- |
| Referrer Details |
| Title |       |
| First name |       |
| Surname |       |
| Profession |       |
| Name of your service |       |
| Contact number |       |
| Email |       |
| Patient Details |
| Title |       |
| First name |       |
| Surname |       |
| Date of birth |       |
| Gender |       |
| Home address |       |
| Postcode |       |
| Landline number |       |
| Mobile number |       |
| Email |       |
| Registered GP name and practice |       |
| NHS number |       |
| Ethnicity | [ ] White British[ ] White Irish [ ] Any other White background[ ] White and Black Caribbean[ ] White and Black African[ ] White and Asian[ ] Any other mixed background[ ] Indian[ ] Pakistani[ ] Bangladeshi[ ] Any other Asian background[ ] Missing[ ] Black British[ ] Black Caribbean[ ] Black African[ ] Any other Black background[ ] Chinese[ ] Other ethnic group – Please state:      [ ] Prefer not to say |
| Religion/Faith (optional) |       |
| Sexual orientation | [ ] Heterosexual[ ] Lesbian /Gay[ ] Bi-sexual[ ] Other – Please state:      [ ] Prefer not to say |
| Are they a Goldsmiths University student? | Yes [ ]  No [ ]  |
| Are they pregnant / have a child below 1? | Yes [ ]  No [ ]  |
| Are they a Health Care / NHS Worker? | Yes [ ]  No [ ]  |
| Have they had medical treatment because they had Covid-19? | Yes [ ]  No [ ]  |
| Interpreter required | Yes [ ]  No [ ] If **Yes**, what language?      |
| Next of Kin name |       |
| Next of Kin relationship to patient |       |
| Next of Kin phone number |       |
|  Special needs or adjustments (for example, they are a wheelchair user) |       |
| Reason for Referral |
| Main difficulty |       |
| Please give details of any RISK issues (current or past) |       |
| Current medical history (Long Term Conditions) |       |
| Please tell us about any other relevant information that may impact on any psychological therapies treatment that is important for us to know, e.g. previous treatment, medical conditions or any medication which may affect mood or behaviour, drug or alcohol use, social context, life events, etc. |       |

**Does the patient need urgent support?**

Our service is not a crisis service and we cannot respond urgently to referrals. We recommend that if you have concerns around the patient keeping themselves safe or feel they need help urgently, please direct them to the SLAM 24-hour mental health helpline. The helpline is for anyone who is experiencing mental health distress and for those who care for them. The free phone helpline number is 0800 731 2864.

**Please return this form to us in one of the following ways:**

Post: IAPT Lewisham, PO Box 73883, London, SE8 9EA.

Email: slm-tr.IAPTLewisham@nhs.net

**For enquiries, please call 0203 228 1350.**