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| **Outpatient clinic****E: therapyclinics@stah.org** **T:01604 616050** **F:01604 616134**  |

**Outpatient Clinic Referral Form**

1. **Service User Details**

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| **Name** |  |
| **Date of birth** |  |
| **Age** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Address** |  |
| **NHS Number** |  |
| **GP Name & Address** |  |
| **GP Phone number** |  |
| **Next of Kin** |  |
| **Relationship to you**  |  |
| **Next of kin address**  |  |
| **Next of kin mobile number** |  |

1. **Initial screening assessment**

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| **Please explain your reason(s) for seeking a psychiatric or psychological assessment** |  |

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| **Do you have any past mental health issues (including any specialist input, therapy and /or medications etc)** |  |
| **Do you have any medical conditions? Please list them** |  |
| **Please list your current medications and any allergies to medications**  |  |
| **Do you have any family history of mental health issues?** |  |
| **Have you engaged in any harmful behaviours, such as drinking excessively, self-harm, substance misuse? If so how long ago?** |  |
| **Please write any additional information that may be helpful prior to be seen** |  |
| **What would you like to achieve from this consultation** |  |
| **Are you happy to be seen remotely i.e. via telephone or Microsoft Teams?** | **Yes 🗆****No 🗆** |

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| **All documents will be emailed to you unless you request a paper copy. Please tick if you are happy for us to contact you in the following ways:** **Email** [ ]  **Phone** [ ]  **Letter** [ ]  **Text** [ ] **All emailed documents will be password protected with your DOB in the format DDMMYYYY** |

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| **I consent to:**[ ]  **Correspondence being sent to my GP**[ ]  **Documents being sent to my home address**[ ]  **Being contacted by email**[ ]  **Being contacted by text**[ ]  **Teams Consultations** |

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| **PLEASE INDICATE IF YOU WOULD LIKE APPOINTMENT TEXT REMINDERS SENT TO YOU:****Yes** [ ]  **No** [ ]  |

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| **Thank you for taking the time to complete this form, it will be very helpful for us when you are seen for your appointment.**  |

***Please post or email completed form to the address below***