

REFERRAL FORM FOR MENTAL HEALTH

Name of patient:	Date of Birth: / /	NHS Number:
Current Address:	Gender:	Marital Status:
Postcode:	Main language spoken:	Interpreter needed? Yes <input type="checkbox"/> / No <input type="checkbox"/>
Home Tel:	Is the patient aware of the referral? Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Mobile:	If NO, please give details:	
Name of referrer: Address:	Any disability/ access requirements? Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please specify:	
Tel:	Fax:	Ethnicity:
		Immigration status:

SERVICE REQUESTED

- Assessment and Treatment Team
- Improving Access to Psychological Therapies (IAPT) – Please consider self-referral
- Crisis Resolution and Home Treatment Team (CRHTT- This is indicated if you feel patient may need admission)
- Older Adult Services (including MAS & IST)
- Other (please give details)

REASON FOR REFERRAL (including nature of mental health concerns and current mental state):

BACKGROUND HISTORY (Previous diagnosis, past medications, hospital admissions):

CHILDREN/DEPENDANTS

Is there a risk to children/dependants? If yes, please give details

Risk Assessment Checklist Current Risk <input type="checkbox"/> Of self-neglect <input type="checkbox"/> Of accidental/deliberate self-harm <input type="checkbox"/> Of attempted suicide <input type="checkbox"/> Of violence/harm to others <input type="checkbox"/> no concerns	Past History of Risk <input type="checkbox"/> Of self-neglect <input type="checkbox"/> Of accidental/deliberate self-harm <input type="checkbox"/> Of attempted suicide <input type="checkbox"/> Of violence/harm to others <input type="checkbox"/> no concerns
If any of the above are ticked or if there is any other risk, then please give a brief description with dates (if known)	

Current medications:

Relevant medical history:

Forensic history

Referrer's Signature: _____ Date: _____

Please return the referral using one of the following methods:

Email: lcn-tr.mentalhealthreferrals@nhs.net

Phone: 01282 657116

Fax: 01282 429644

Post: The Referral Centre, Gannow Lane Resource Centre, Gannow Lane, Burnley BB12 6QH

During hours of 5pm to 9am, weekends & Bank Holidays – please contact Crisis Team for:

Burnley Pendle & Rossendale 01282 657222

Blackburn with Darwen, Hyndburn & Ribble Valley 01254 226074