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| **SPoR official use only****Patient ID number:**# |

Tower Hamlets Talking Therapies (THTT) invites referrals of individuals who present with mild to moderate **common mental health problems** (e.g. depression, anxiety, relationship issues, loss, and bereavement) and distress or adjustment issues around long term health condition, diabetes and COPD. The service also offers interventions for Eating Disorders in Primary care. We offer a range of psychological interventions to those aged 18\* and above who lives in Tower Hamlets or are registered with a Tower Hamlets GP.

(\*Exceptions – We consider referrals for those aged 17.5 - 18 years old who are not in full-time education. We do not have upper age limit but older adults with age-related issues (e.g. dementia) should be referred to Mental Health Care for Older People.)

Please note, we are **not** an emergency or crisis service. Individuals with severe, enduring and complex mental health problems (e.g. psychosis, personality disorders including EUPD, bipolar, risks to self and others) should be referred to a Community Mental Health Team.

We will be grateful if you could fill in as much information below as possible. If you have any questions or if there is anything we can do to facilitate your referral, please feel free to call us on 020 8475 8080.

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| **Client details** |
| **NHS No:** | NHS Number  | **Rio No:** |  |
| **Title:** | **First name:** | **Surname:** | **Email:** |  |
| Title  | Calling Name  | Surname  | **Ethnic Origin:** | Ethnic Origin |
| **Address**: | Home Full Address (stacked)  | **Interpreter required:** | Yes [ ]  No [ ]  Language:       |
| **Telephone No:** | Patient Home Telephone  | **Permission to contact by phone?** Yes [ ]  No [ ]  |
| **Mobile:** | Patient Mobile Telephone  | **Permission to leave messages on your home telephone?**Voice message [ ]  Text message [ ]  |
| **Date of Birth:** | Date of Birth  | **Permission to leave messages on your mobile?**Voice message [ ]  Text message [ ]  |
| **Gender:** | Gender  | **Permission to send written communication?** Yes [ ]  No [ ]  |
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**Please note that Tower Hamlets Talking Therapies will be calling from a withheld/private number. We will only leave a message if you have given us permission to do**

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| **GP details** |
| **GP name:** |        |
| **GP Practice & Address:** **Organisation Name** **Organisation Full Address (stacked)**   |
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| **Telephone No:** | Organisation Telephone Number  |
| **GP’s Email :** |  |

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| **Referrer details – only complete this section if the referrer is not a GP.** **(If GP is referring this patient, leave blank)** |
| **Your name:** |  |
| **Designation:** |  |
| **Professional’s****email:** |  |
| **Address:**  |
|
| **Telephone No:** |  |

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| **Referrer Information****(**Please feel free to provide any further information on separate sheet or attach any relevant documents as deemed appropriate) |
| **1. Identified mental health problems:** If possible, we would be grateful if you could include history of your patient’s difficulties, duration & diagnosis.**2.a Has this referral been discussed with the patient?** Yes [ ]  No [ ]  **2.b What does the patient hope to get out of a referral to talking therapy? E.g. patient goals - feeling better, less depressed.****3. Is there any immediate concern about risk to self or others which requires urgent attention?**Yes [ ]  No [ ] **If yes, do not proceed with this referral. Refer to a CMHT** **If no, are there other concerns regarding risk to self or others we should be aware of?****4. Alcohol/substance misuse?** Yes [ ]  No [ ] **If yes, please provide more information****5. Is your client currently under the care of Psychiatric or specialist team for their psychological problems?**Yes [ ]  No [ ] **If yes, which team:****6. Any relevant/important information you think would be helpful for us to know?****Significant past Medical History:** |