NHS
Hertfordshire
Talking Therapies

# Referral to NHS Hertfordshire Talking Therapies

**Primary care psychological therapy service for people with mild to moderate mental health problems.**

*Before completing this referral form please ensure the person being referred is aware that the form will be completed and shared with our service. Once the referral has been received, one of our administrators will contact the person to book an initial assessment.*

*Information will be shared with the referrer, where appropriate, to support joint delivery of care.*

| **Referrer details:** | |
|---|---|
| **Name:** | |
| **Organisation:** | |
| **Job Title:** | |
| **Email:** | |
| **Telephone Number:** | |

| **Client's personal information:** | | | |
|---|---|---|---|
| **First Name:** | | **Title:** | |
| **Surname:** | | | |
| **Gender:** | Male ☐ Female ☐ Other ☐ | | |
| **Date of Birth (dd/mm/yyyy):** | | | |
| **Address:** | | | |
| **Postcode:** | | | |
| **NHS Number:** | | | |
| **Email Address:** | | | |
| **Landline number:** | | | |
| Can voicemail messages be left on their landline? | Yes ☐ No ☐ | | |
| **Mobile number:** | | | |
| Can voicemail messages be left on their mobile? | Yes ☐ No ☐ | | |
| Additional communication requirements: | | | |

| Reason for referral: |
| --- |
| |

| Clients GP details: | |
| --- | --- |
| **GP's name:** | |
| **Name and address of surgery:** | |

| Assessing risk: | | |
| --- | --- | --- |
| **Do you currently feel the patient is a risk to themselves?** | Yes ☐ | No ☐ |
| **Do you currently feel the patient is a risk to others?** | Yes ☐ | No ☐ |
| **Do you currently feel the patient is at risk from others?** | Yes ☐ | No ☐ |
| If you have answered yes to any of the above, please give details: | | |
| Does the patient have a risk management plan? Please also give details of any previous known mental health treatment and/or diagnosed conditions. | | |
| Is the patient currently taking any prescribed medications? Please give details. | | |

**Please complete and return this form by email: hpft.spa@nhs.net**

If you would like to discuss this referral with a member of the team, please call 0800 6444 101.