

**GATESHEAD TALKING THERAPIES**

The Croft, Springwell Road, Wrekenton, Gateshead, Tyne & Wear, NE9 7BJ
Telephone: (0191) 283 2541

**REFERRAL FORM**

***It is essential that all sections of the referral are completed in full in order to process the referral, this is to allow us to have all of the vital information for the service to process the referral. Failure to do so may result in delays or the referral may be returned.***

|  |  |
| --- | --- |
| **Title:**  | **First Name:**  |
| Preferred Pronoun:**(e.g. He/his, she/her, They/Them)** |  |
| **Middle Name:**  | **Surname:**  |
| **Maiden/Previous Name:**  | **Date of Birth:**  |
| **NHS No:**  | **Gender:**  |
| **Address:**  | **Postcode:**  |
| **Tel (Home):**  | Permission to leave message: Yes / No |
| **Tel (Mobile):**  | Permission to leave message: Yes / NoWould you like to receive textreminders about appointments: Yes / No |
| **Tel (Work):**  | Permission to leave message: Yes / No |
| **National Identity:** 🞎 English 🞎 Scottish 🞎 Welsh 🞎 Irish 🞎 British 🞎 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ethnicity:**Asian 🞎 Bangladeshi 🞎 Black – African 🞎 Black - Caribbean 🞎 Black – other 🞎 Chinese 🞎 Indian 🞎 Mixed – White & Asian 🞎 Mixed – White & Black 🞎 African 🞎 Mixed – White & Black Caribbean 🞎 Pakistan 🞎 White British 🞎 White Irish 🞎 White – Other Background 🞎 Other 🞎 |
| **Religion:**  | **Preferred Language:**  |
| **Able to communicate in spoken English?**Yes / No | **Able to read/write in preferred language?**Yes / No |
| **Interpreter Required:**  Yes / NoIf yes, please provide details: | **Sign Language Required:** Yes / NoIf yes, please provide details: |
| **Relationship Status:** Single 🞎 Married 🞎 Divorced 🞎 Widowed 🞎 Separated 🞎 Co-habiting 🞎 Long term 🞎 Civil Partnership 🞎 Not disclosed 🞎  | **Sexual Orientation:** Heterosexual 🞎 Lesbian or Gay 🞎Bisexual 🞎 Other 🞎 Not stated 🞎 |
| **Disability Status:** Yes / No (If yes, please indicate)Autism / Asperger’s (diagnosed) 🞎 Chronic Physical Illness 🞎 Deafness / Hearing Loss 🞎Learning Disability (diagnosed) 🞎 Memory Loss 🞎 Mobility 🞎 Speech / Language Disorders (diagnosed) 🞎 Vision Loss / Blindness 🞎 Other 🞎 (please specify) |
| If you have said yes to the above, do you require any reasonable adjustments to help you attend and engage with therapy? | Yes / No If Yes: please give details |
| **Is a Carer:** Yes / No (if yes, please indicate the needs of the person being cared for)Asthma 🞎 Cancer 🞎 Chronic Pain 🞎 COPD 🞎 Dementia 🞎 Diabetes 🞎Epilepsy 🞎 Heart Failure 🞎 Learning Disability 🞎 Mental Health 🞎 Medically Unexplained Condition 🞎 Older Person 🞎 Other 🞎 |
| **Long Term Condition Status:** Yes / No (If yes, please indicate)Cancer 🞎 Chronic Pain 🞎 COPD/Asthma/Respiratory problems 🞎 Heart problems 🞎Dementia 🞎 Diabetes 🞎 Epilepsy 🞎 IBS 🞎 Medically Unexplained Conditions 🞎Stroke 🞎 Other 🞎 (please specify): |
| **GP Name:**  | **GP Practice Address:**  |
| **REFERRER DETAILS** |
| Has the service user been informed of their referral to Gateshead Talking Therapies?(Please circle) Yes / No |
| **Name:**  | **Job Title:**  |
| **Agency & Address:**  |
| **Tel No:**  | **Mobile:**  |
| **Signature:**  | **Date of Referral:**  |

Presenting issues: (includes strengths and difficulties)

|  |
| --- |
| **Mental Health Difficulties and impact on daily functioning: (inc. when problem/s started)** |
|  |
| **Current and/or Historical Risk to self or others:(including impairment of child care responsibilities)** |
|  |
| **Substance Use:** |
|  |
| **How has the person coped so far and does anything or anyone trigger the difficulties or make them worse?** |
|  |
| **Is there any history of involvement with mental health services in the past?**  |
|  |

**General background information**

|  |
| --- |
| Including: * Individual factors – such as medication relevant to mental health, physical health (including physical and sensory disability, sleeping, eating and self care
* Social factors – such as support networks (family, relationships, friendships, leisure/recreational activities, carer or cared for, employment/benefits, finance/debts and accommodation
 |
|  |

|  |
| --- |
| **HOW TO SUBMIT A REFERRAL** |
| **By Mail:** | Gateshead Talking TherapiesThe Croft, Springwell Road, Wrekenton, Gateshead, NE9 7BJ |
| **By Email** | stsft.TheCroft@nhs.net |

If you have any queries, regarding the suitability of a referral, please ring 0191 283 2541

Lines are open Monday to Friday (9am to 4:45pm).