

Patient’s Details

**1.1 Patient name and address**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **DOB:** | **NHS No:**  |
| **Address:** |  | **GP Name & Practice:** |
| **Postcode:** |  | **Date of referral:** |
| **Telephone number** that the patient has consented to be contacted on: |

**1.2 Gender** (please circle): **Male / Female**

**1.3 Ethnicity:** (please tick the appropriate box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White British  |  | Other mixed background |  | Indian |  |
| White Irish  |  | Black African |  | Pakistani |  |
| Other White background |  | Black Caribbean  |  | Bangladeshi |  |
| Mixed White & Black African |  | Other Black ethnic group |  | Prefer not to state |  |
| Mixed White & Asian |  | Black – Other mixed |  | Other *(please state)* |

**1.4 Please state if the patient has any special needs or requirements**

(e.g., cannot use stairs, is housebound, communication difficulties, needs access to interpreter, etc.)

2. Patient’s Presenting Problem

**2.1 Please highlight the patient’s presenting problem(s) by ticking one or more boxes below:**

|  |  |
| --- | --- |
| Depression |  |
| Generalised anxiety disorder  |  |
| Obsessive compulsive disorder (OCD) |  |
| Post-traumatic stress disorder (PTSD) |  |
| Social phobia  |  |
| Panic disorder (with or without agoraphobia) |  |
| Mixed anxiety & depression |  |
| Medically unexplained symptoms *(please give details in next section)* |  |
| Other *(please state):* |  |

**2.2** **Please also give specific details regarding the nature of the presenting problem.**

**2.3 Please state the patient’s score on the following measures:** (Please send copy of completed questionnaire with this form)

**PHQ-9** (depression) score: **GAD-7** (anxiety) score:

**2.4** **Have you or another GP seen the patient at least twice in the last 4 weeks?** **Yes / No**

**2.5 Has the patient got a long term physical health condition?** (e.g., COPD, CHD, diabetes, chronic pain)

**Yes / No**

3. Patient’s Relevant History

**3.1 Please give details of any current/past RISK issues** (i.e., risk to self or others)

**3.2 Is the patient currently involved with any other counselling, psychological therapy or mental health service? Or have they accessed mental health services in the past?**

(If yes, please give details, dates and include discharge letter)

**3.4 Please tell us about any other relevant information that may impact on any psychological therapy treatment that is important for us to know?**

(e.g., medication which may affect mood or behaviour, social context, life events, etc.)

4. Treatment Options and Outcome

**4.1 Please indicate which treatment you think may be appropriate, or the patient would prefer:**

|  |  |
| --- | --- |
| **Guided self-help** (e.g., workbook based CBT) |  |
| **Groups based on CBT principles** (e.g., Managing Depression/ Managing Anxiety/Managing Stress)  |  |
| **One to one high intensity CBT** |  |
| **One to one counselling** |  |
| **Other Psychological Therapy** (state if known): |  |
| **Job Retention Service** |  |
| **Other** (please state) |

Please note that a decision about the most suitable intervention will be made by the Working for Wellbeing assessment team. Most patients will receive guided self-help or a group intervention initially.

**5. Referrer’s Details**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:**  |  | **Team/Surgery** |  | **Telephone:** |  |



