SINGLE TRIAGE & REFERRAL FORM



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. WHICH SERVICE? (Please tick one box to left of the service required).** | | | | | | | |
|  | PCP/IAPT (Homerton) |  | Mind |  | ELFT |  | PCPCS (Tavi) |
|  | Derman |  | Bikur Cholim |  | Volunteer Centre Hackney (Volunteering / Employment) | | | |

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| **2. PATIENT DETAILS** | | |
| Forename |  | |
| Surname |  | |
| Address |  | |
| Telephone | Patient consent for voicemail messages Yes  No | |
| DoB |  | |
| NHS Number |  | |
| Gender |  | |
| Ethnicity |  | |
| Main GP |  | |
| Interpreter? | Yes  No | |
| Is patient on any waiting list for psychological treatment? | |  |

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| --- | --- |
| **3. REFERRER DETAILS** | |
| Date of Referral |  |
| Name of Referrer |  |
| Name of Organisation |  |
| Address |  |
| Telephone |  |
| Fax |  |
| E-mail |  |
| Is there a carer? | Yes  No  Phone: |
| Carers name: |  |
| **If YES**: Language? |  |

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| **4. IF THE CLIENT IS CURRENTLY UNDER THE CARE OF A PRIMARY/SECONDARY MENTAL HEALTH SERVICE:** | | | |
| Name of Service: |  | Contact/Key Worker: |  |
| Contact Number: |  | Contact email address: |  |

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| **5. REASONS FOR REFERRAL FOR PSYCHOLICAL TREATMENT** |
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| **6. RISK FACTORS** | | | | | | | |
|  | History of self-harm |  | Suicidal ideation |  | Forensic history |  | Domestic violence |
|  | Current self-harm |  | Suicidal intent/plan |  | Current risk to others |  | Safeguarding risks |
|  | Problems with drugs |  | Previous suicide attempt |  | Previous harm to others |  | Adults |
|  | Problems with alcohol |  |  |  |  |  | Children |
| Any other concerns | | | | | | | |

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| **7. PLEASE GIVE DETAILS OF PREVIOUS OR CURRENT INTERVENTIONS / Therapy / Referrals to other services** |

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| **8. BASELINE CLINICAL ASSESSMENT**  Does the patient have a Care Plan?  Yes  No If yes, please attach a copy  **PHQ-9 Score**  **GAD-7 Score**  **Core-10 Score** |

**Alliance members referral details**

**Bikur Cholim**  
**Email:** [l.chontow@bikurcholim.co.uk](mailto:l.chontow@bikurcholim.co.uk)  
**Tel:** 020 8800 7575  
**Fax:** 020 3137 0020  
**Address:** Leah Chontow, Bikur Cholim Ltd, Ground Floor, 2a Northfield Road, London N16 5RN

**Derman**  
**Email:** [talkingtherapies@derman.org.uk](mailto:talkingtherapies@derman.org.uk)  
**Tel**: 020 76135944  
**Fax:** 020 77397893  
**Address:** The Basement, 66 New North Road, London N1 6TG

**ELFT: CHAMHRAS**  
**Email:** [elt-tr.chamhras@nhs.net](mailto:elt-tr.chamhras@nhs.net)  
**Tel:** 020 8510 8011  
**Fax:** 020 8510 8064  
**Address:** CHAMHRAS, The Junction, City and Hackney Centre for Mental Health,   
Homerton Row, Hackney, London, E9 6SR

**Homerton University Hospital/Primary Care Psychology   
Email:** [huh-tr.homertonpsychology@nhs.net](mailto:huh-tr.homertonpsychology@nhs.net)   
**Tel:** 020 7683 4278  
**Fax:** 020  7014 7249  
**Address:** Primary Care Psychology Service, Louis Freedman Building, St Leonards Hospital,   
Nuttall Street, London, N1 5LZ

**Primary Care Psychology Consultation Service (Tavi)**  
**Email**: [tpn-tr.chpcs@nhs.net](mailto:tpn-tr.chpcs@nhs.net)  
**Tel:** 020 7683 4900  
**Fax:** 020 7900 6065  
**Address:** 2nd Floor, A Block, St Leonards Hospital, 7 Nuttall Street, London N1 5LZ

**Mind**  
**Email:** [psychologicaltherapies@cityandhackneymind.org.uk](mailto:psychologicaltherapies@cityandhackneymind.org.uk)  
**Tel:** 020 8525 2319  
**Fax:**(Attention Psychological Therapies)  020 8985 5871  
**Address:** City and Hackney Mind, 8-10 Tudor Road, London E9 7SN

**Volunteer Centre**  
**Email:** [stepup@vchackney.org](mailto:anna.addington@vchackney.org)   
**Tel:** 020 7241 4443 ext 203  
**Address**: 12-13 Springfield House, Tyssen St, London E8 2LY