SINGLE TRIAGE & REFERRAL FORM



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| **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
**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
**Tel**: 020 76135944
**Fax:** 020 77397893
**Address:** The Basement, 66 New North Road, London N1 6TG

**ELFT: CHAMHRAS**
**Email:** 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
**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
**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
**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
**Tel:** 020 7241 4443 ext 203
**Address**: 12-13 Springfield House, Tyssen St, London E8 2LY