

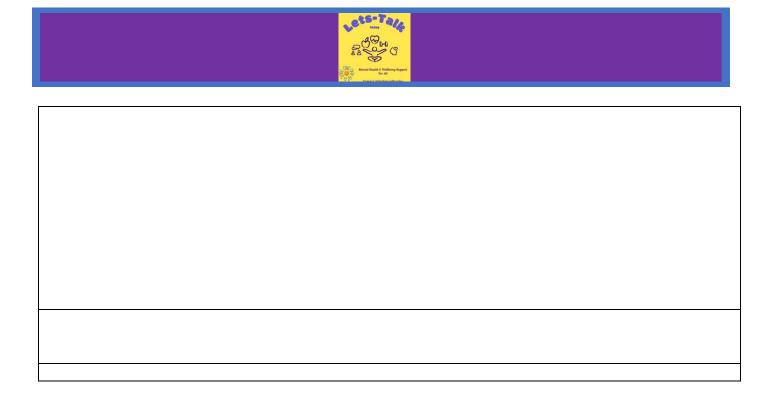
## **Professional Referral form**

Please complete all sections.

Date of referral:									
Clients Details									
Name:					Title:				
DOB:									
Address:					GP:				
					GP Surgery:				
			Address:						
Post Code:					Post Code:				
Preferred Telephone Contact Number:					Can we leave a voicemail? Yes / No				
					Can we send a text? Yes / No				
					Can we email? Yes/No				
			Ī	Cur we chian : 103/140					
Email address:	- h - i								
(if known and consent to being used)									
Is the client aware of the referral and consent to their information being used?									
(Tick X in box to the right to confirm)						Ш			
Gender Identity Male* / Female* / Non-binary / Other / Not disclosed									
Gender Identity		•			Is this the same as birth	Yes / No			
Delete as appropriate	"including ti	ansgender							
Ethnicity:									
Lumicity.									
Refugee/Asylum Status:									
		Destitute Asylum Seeker / Asylum Seeker / Refugee / Not applicable							
Delete as appropriate			T						
Interpreter Required:		Yes / No	If yes, please specify language:						
Special Requirements:		Yes / No	If yes, please specify:						
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Initially we send appointment letters/emails in English. If this is unsuitable, please advise of the best way to									
contact your patient:									
Pregnant or been pregnant in the last 12 months?									
Is the client's partner pregnant or been pregnant in the last 12 months?									



Is the client a main caregiver of a child under 5 years old?									
Referrers Details									
Name:		Job title:	Job title:						
Address:		Tel number:	Tel number:						
		Email address:	Email address:						
Lets-talk is not an immediate support service. If the patient needs immediate support, please refer them to careline									
Mental health information									
Is the client currently under the care of a service?									
Does the client have an open referral with another mental health service?									
If yes, please indicate which team:  Community Mental Health Team (CMHT) □ Crisis □  Other mental health service (please specify):									
Does the client have a diagnosis of any Mental Health:									
Please provide a brief reason for referring this client:									
Advocacy	Advocacy Employability / educational		Emotional/practical support	<u>-</u>					



Please email the completed form to <u>Admin@lets-talk.today</u>