



## Professional Referral form

**Please complete all sections.**

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



Is the client a main caregiver of a child under 5 years old?	Yes / No
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Referrers Details	
Name:	Job title:
Address:	Tel number:
	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?	Yes / No
Does the client have an open referral with another mental health service?	Yes / No
<b>If yes, please indicate which team:</b> Community Mental Health Team (CMHT) <input type="checkbox"/> Crisis <input type="checkbox"/> Other mental health service ( <i>please specify</i> ):	
Does the client have a diagnosis of any Mental Health:	

Please provide a brief reason for referring this client:				
Advocacy	Employability / educational	Support Services	Emotional/practical support	Activities / social inclusion




*Please email the completed form to [Admin@lets-talk.today](mailto:Admin@lets-talk.today)*