Talk for Change Referral Form - Professionals

Please email this form to the Talk For Change Assessment Service at cnw-tr.mkspa@nhs.net
Telephone: **01908 725099 (1**)
Address: Entrance 2, Eaglestone Health Centre, Milton Keynes Hospital, Milton Keynes, Buckinghamshire, MK6 5LD
Disclaimer **– If this referral is not complete; *it will not be accepted.*** The form will be returned via email for corrections.

IF THE PATIENT/SERVICE USER IS AT IMMINENT OR IMMEDIATE RISK TO THEMSELVES OR OTHERS, PLEASE CALL AHEAD AND GIVE THE RELEVANT RISK INFORMATION OVER THE TELEPHONE. ONCE THIS HAS BEEN DONE, PLEASE SEND IN A COMPLETED REFERRAL FORM.

Date of Referral:			Date Referral Received:		
Patient Name:			Patient Sex:		
Date of birth:			NHS number**:**		
Hospital number (if known):			Referrer Name:		
Referring Service:			Referrer Contact no.:		
Patient Address:					
Email Address:			Permission to email:	Yes ☐ No ☐	
Daytime Telephone:			Permission to leave an message:	Yes ☐ No ☐	
Mobile No:			Text Messaging Reminder for appointments:	Yes ☐ No ☐	
Surgery Address:					
GP Tel No:					
Interpreter required?	Yes ☐ No ☐	If yes what language?		Ethnicity	

Emergency Contact Information:	
Name:	Relationship:
Daytime Telephone:	Mobile Number:
Address:	

Additional Medical Information			
☐ Veteran	☐ Armed Forces	☐ Perinatal (if pregnant, how many weeks?)	☐ None applicable

Purpose of Referral *(A maximum of one of these boxes MUST be selected)*			
☐ Crisis Management	☐ Early Intervention in Psychosis	☐ Medication Review	☐ Diagnosis
☐ Psychological Therapies	☐ Eating Disorder	☐ Primary Care Plus	☐ Acute Admission

Reason For Referral

(Presenting difficulties, duration, precipitating factors)

Risk Information/History

(Suicidal intentions/thoughts, previous suicide attempts, self-harming behaviours, risk to others)

Psychological & Psychiatric History

Previous episodes/History:						
Medication:						
Other Services involved:	☐ ASTI	☐ CAMHS	☐ STT	☐ Counselling	☐ R&R/AOT/EIT	Other:

FOR GP USE ONLY

Diagnosis Name:			Diagnosis Code:		
Presenting Problems:					
☐ Depression	☐ Anxiety	☐ General Anxiety Disorder	☐ OCD	☐ Panic	☐ PTSD
☐ Health Anxiety	☐ Phobia (specify):			☐ Other :	