



Blackpool Teaching Hospitals

NHS Foundation Trust

IAPT for people with LONG TERM PHYSICAL HEALTH PROBLEMS (Supporting Minds)

Referral Form

FOR PHYSICAL HEALTH PROFESSIONALS USE ONLY

Patients Details	Referrers Details
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Postcode: _____</p> <p>Telephone number: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>NHS Number: _____</p> <p>Date of Birth: _____</p> <p>GP Practice: _____</p> <p>Ethnicity: _____</p>	<p>Name: _____</p> <p>Service: _____</p> <p>Telephone number: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Referrer Designation: _____</p> <p>_____</p> <p>Is the client aware of the referral:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Next of Kin/Emergency Contact Details</p> <p>Relationship : _____ Name _____</p> <p>Address: _____ Telephone number: _____</p>	
<p style="text-align: center;"><u>Referral Information</u></p>	
<p><u>Long Term Physical Condition:</u> (Please tick and give date of diagnosis)</p> <p>COPD / Respiratory Disorder</p> <p>Diabetes</p> <p>MSK problems</p> <p>Chronic Pain</p> <p>Cardiovascular Disease</p> <p>IBS</p> <p>ME</p> <p>Fibromyalgia</p>	<p><u>Mental Health Problem:</u> (Please tick)</p> <p>Anxiety</p> <p>Panic attacks</p> <p>Depression</p> <p>Excessive worrying</p> <p>Unhelpful or distressing thoughts</p> <p>Other – give details</p>

Does the patient have any support around their mental health problem? (Already involved with mental health services?) Please give details:

What is the impact of the patient's mental health problem on their physical health?

Does the patient have any physical health needs that may impact on them attending sessions?

Are there any risks to be aware of? (suicidal thought/self-harm/neglect/substance misuse)

CONSENT TO SHARE INFORMATION

Please sign the statement below if you give your consent for information to be shared.

I give my consent for the information contained in this referral to be shared with the Supporting Minds Team.

Print name

Signed

Date

Please send to: bfwh.supporting.minds@nhs.net