**Birmingham Healthy Minds**

**Referral Form**

**Tel: 0121 301 2525, Email:** **bsmhft.bhm@nhs.net**

**Patient’s NHS number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_**Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Forename(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Interpreter: required language:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral information:**

Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GP Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Anxiety □ Depression □ Mixed anxiety and depression □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHQ9 Score: (0-27): \_\_\_\_\_\_\_ GAD-7: (0-21): \_\_\_\_\_\_\_\_\_ (This must be within the last 2 weeks)

Reason for referral:

Does the patient have a learning disability? □ No □ Yes

Are the any accessibility requirements you are aware of?

Does the patient have any long-term health problems or medically unexplained symptoms? □ No □ Yes

If yes please detail:

Relevant mental health history (including previous and current use of mental health services): □ No □ Yes (please specify)

Is the patient a risk to self or others? □ No □ Yes If yes can you please outline what the risks are?

Are there any issues around alcohol/substance misuse? □ No □ Yes If yes can you please give us more information?

Please provide any additional information our service needs to be aware of: