



Community Art Psychotherapy Team Referral Form

Date of referral:

Name and Job Title of referrer:

Service users name:

Date of birth:

RIO number:

Is this service user aware of this referral? **Choose an item.**

Current diagnosis:

Treatment Pathway: **Choose an item.**

Care Cluster: **Choose an item.**

Have they had therapy previously? Psychology Specialist Psychotherapies Service
 Art Psychotherapy Other (for example Birmingham Healthy Minds, Living Well Consortium, Private, Charity etc)

***Please ensure the risk assessment been updated in the last 6 months before submitting the referral.**

***For art-based recreational and social activities or groups, please refer to local arts organisations**

Can you briefly explain why a less verbal psychological therapy would be suitable for this person?

(e.g. what made you think of art psychotherapy for this person?)

Click or tap here to enter text.

What does the person feel are their main difficulties?

Click or tap here to enter text.

What do they hope to change?

Click or tap here to enter text.

Why is a referral appropriate now?

Click or tap here to enter text.

Art Psychotherapy is available in a variety of formats, both group and individual. We will discuss which would be the most appropriate option with the service user at their initial appointment.

***Please request a leaflet from you Hub Art Psychotherapy Team or email bsmhft.art.psychotherapy.team@nhs.net for specific intervention information.**

If you are unsure about a referral, please have a chat with your local Art Psychotherapist or email the team : bsmhft.art.psychotherapy.team@nhs.net to discuss further.

Thank you for your referral.