**Name of patient**…………………………………………..

**NHS number**………………………………………………

Thank you for referring this individual to the functional neurological symptoms pathway within the Neuropsychiatry service at the Barberry National Centre for Mental Health. We ask that you kindly forward us some information. Please make sure that this is accurate and up to date, as it will determine which diagnosis and management pathway your patient will be allocated to. **Also, please note that we are unable to process your referral further until we have received this information back from you.**

1. Does this person have an established diagnosis of Functional Neurological Disorder (FND) or Conversion Disorder? [ ]  Yes [ ]  No

**If yes, can you forward the correspondence from the diagnosing clinician, please?**

1. If no, what symptoms do you feel may be primarily functional neurological symptoms?

[ ]  Movement disorder (including involuntary movements such as tremor, jerks, spasms, dystonia, or difficulty walking; please describe): …………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

[ ]  Weakness (please describe where on the body): …………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

[ ]  Sensory symptoms (including reduced sensation in a body part and visual or hearing problems; please describe): …………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

[ ]  Fits (episodes that look like epileptic seizures or faints; please describe): …………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………..

[ ]  Other (please specify): …………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

Does this person have pain as a primary symptom? [ ]  Yes [ ]  No

**Please note, that we do not have a pain management service and so referral to one will be necessary. We cannot assess and treat people where pain is the primary issue.**

1. How long have the symptoms been present for?……………………………………………………………………………………………………..
2. Has the person had the following tests recently?

[ ]  MRI or CT head

[ ]  EEG

[ ]  Nerve conduction studies

**Please forward the results of these.**

Has this person been assessed by Neurology or another relevant speciality prior to this referral? [ ]  Yes [ ]  No

**Please forward the relevant clinical correspondence.**

1. What previous interventions/treatment has the person had for their functional symptoms?

[ ]  Physiotherapy

[ ]  Occupational Therapy

[ ]  Counselling or Psychotherapy

**Please include any relevant documentation on mental health and associated risks.**

Patients with an established diagnosis will be offered a triage appointment aiming to start treatment as soon as possible. A further appointment with a Consultant Neuropsychiatrist may be offered if needed. Atypical presentations will be offered a first appointment with a Consultant Neuropsychiatrist.

If you wish to discuss this further, please do not hesitate to contact us.