**PORTMAN CLINIC REFERRAL FORM**

Please email the completed form to: [Portman@tavi-port.nhs.uk](mailto:Portman@tavi-port.nhs.uk)

Please password protect the document and send the password in a separate email

Thank you

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| **Date of Referral** | **DD/MM/YY** | **Does the patient consent to this referral?** | **Yes No** |
| **Is the patient currently under Police Investigation or Court Proceedings? (eg. Criminal, family, civil court)** | | | **Yes No** |

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| **1. Patient Details** | | | |
| **Title** |  | **DoB** |  |
| **Forename** |  | **NHS Number** |  |
| **Surname** |  | **Gender** |  |
| **Address** |  | **Carer’s Details (If appropriate)** |  |
| **Telephone** |  | **Details of Dependent Children/Adults (If appropriate)** |  |
| **Email** |  |
| **Ethnicity** |  |
| **2. Referrer Details** | | **3. GP Details** | |
| **Self-Referral?**  *(If Yes, tick box and leave section 2 blank).* | **Yes** | **GP Name** |  |
| **Name and title of Referrer** |  | **Practice Name** |  |
| **Address** |  | **Practice Address** |  |
| **Telephone** |  | **Telephone** |  |
| **E-mail** |  | **E-mail** |  |
| **4. Accessibility** | | | |
| **Interpreter Required?** | **Yes No** | **Preferred Language** |  |
| **Reasonable Adjustments** | *Does the patient have a condition which requires service adjustments to ensure access (e.g. LD, ASD, ADHD, physical disability, sensory impairments)?* | | |

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| **PRESENTING DIFFICULTIES**  *Please provide a full developmental history and narrative of the patient’s difficulties. For the referral to be considered, all following fields must be completed.* |
| ***History of problematic behaviour*** |
| ***Offending History*** |
| ***Personal/ Family History*** |
| ***History of deliberate self-harm*** |
| ***History of Substance Misuse*** |
| ***History of involvement with mental health services and previous experience of therapy*** |
| ***Diagnoses that have been given and medication currently prescribed*** |
| ***Current motivation for seeking treatment/ tell us your story*** |
| *Please also indicate whether you are referring for a consultation to professionals involved or for treatment.* |

**Please attach relevant Reports/Documents (Eg. Probation Report, Psychiatric/Mental Health Assessments, Therapeutic Reports, etc)**