

Referral Form

Surbiton Health Centre
Ewell Road, Surbiton, KT6 6EZ

Date of Referral: _____

Name: _____ D.O.B. _____

NHS Number: _____ RiO number: _____ M/F: _____

Address: _____
Post code: _____

Mobile: _____ Landline: _____ Email: _____

Language (if not English): _____ Ethnicity: _____

Interpreter required? Yes: _____ No: _____

Disability: Yes: _____ No: _____ If yes, please specify: _____

Referrer's Name: _____ Referrer's Job Title: _____

Tel: _____ Mob: _____ Email: _____

GP Name & Surgery if not referrer: _____

IAPT Referrals		Main presenting problem/s: please tick all applicable:	
Generalised Anxiety Disorder		Coping with illness / chronic conditions	Relationship/family
Health Anxiety		Carer Issues	Self-image/self-esteem
Panic Disorder		Self-harm	Sexual Issues
Panic Disorder with agoraphobia		Sexual abuse	Eating disorder
Social anxiety		Physical abuse	Housing/social problems
Phobia (e.g. wasps, heights)		Anger	Refugee/dislocation issues
Post-traumatic stress disorder		Work related Issues	Complex bereavement
Obsessive-compulsive disorder		Alcohol problems	Stress
Depression		Drug problems	Other

Alcohol and other Drug referrals: please complete		
Alcohol Problems		Drug Problems
Units per week:	AUDIT Score:	Substance(s)
Brief summary of problems and help sought:		Brief summary of problems and help sought:

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Risk Assessment	Past history?			Current Risk?	
	Yes	No	Don't know	Yes	No
Suicidal: ideation / intention / plans / attempts	Yes	No	Don't know	Yes	No
Self Harm	Yes	No	Don't know	Yes	No
Harm to others	Yes	No	Don't know	Yes	No
Forensic issues / criminal justice involvement	Yes	No	Don't know	Yes	No
Alcohol issues	Yes	No	Don't know	Yes	No
Drug issues	Yes	No	Don't know	Yes	No

Further details of presenting problem/s: e.g. onset, duration, frequency. Please also include details of relevant family/relationship issues

Previous psychological/psychiatric history: Please specify services currently or recently involved with this patient, including contact details where possible

Current Medication:

Other Agencies involved:

Please forward this referral form either by post, fax or email to:

Kingston Wellbeing Service, Surbiton Health Centre, Ewell Road, Surbiton. KT6 6EZ

Fax: 020 8274 3052
Email: Kingston.wellbeing@nhs.net

To discuss any particular concerns, please contact the

IAPT Duty Clinician: 0203 513 3000

Alcohol or Drugs: 0208 274 3051