

LEEDS IAPT Recommendation Form

Tel: 0113-8434388

Website: www.leedsiapt.com

Please complete both pages including the risk information. If all sections are not completed the referral will be returned to the referrer or forwarded to the person's GP if no return address has been provided.

Date of referral:				
Patients Details				
Name:		Title:		
DOB:		NHS Number:		
Patients Address:		GP:		
		GP Surgery:		
		Address:		
Post Code:		Post Code:		
Preferred Telephone Contact Number:		Can we leave a message? YES /NO		
Ethnicity:				
Refugee/Asylum Status: Destitute Asylum Seeker / Asylum Seeker / Refugee / None of the above (please select)				
Interpreter Required: Y / N		If yes please specify language:		
Special Requirements: Y / N		If yes please specify:		
Is this person Pregnant, or have a child under 12 months old: Y / N				
Referrers Details (if different to GP):				
Name:		Designation:		
Address:		Tel number:		
Post Code:		Secure email address:		
At the moment is the client being seen by anyone else or receiving support from anyone else?				
Common Mental Health problem the person is presenting with: (please select)				
Depression	Anxiety	Social Anxiety	Health Anxiety	Obsessive Compulsive Disorder
Panic	Stress	Low self esteem	Post-traumatic stress disorder	Other: (please specify)

Please provide a brief reason for recommending:

Leeds IAPT service is not an immediate support service. If you feel this person needs immediate support, please refer them to the Single point of Access on 0300 300 1485.

Risk Factors	Yes/No	If YES, please provide details. Include information on current thoughts, plans or intent and any past history.
Suicide		
Harm to self		
Harm to others		
Self-neglect		

Please email the completed form to leedsiapt@nhs.net or fax to 0113 8434448