LEEDS MENTAL WELLBEING SERVICE

Recommendation Form Tel: 0113-8434388

Please complete <u>both pages</u> 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			
Ethnisita					
Ethnicity:	^	/ Acutives Cooker / Defines / Nove of the object			
	Asylum Seeker	/ Asylum Seeker / Refugee / None of the above			
(please select) Interpreter Required: Y/N	If was places	anacify language.			
interpreter Required: 47N	If yes please specify language:				
Special Requirements: Y/N	If yes please specify:				
Is the client currently pregnant, or been pregnant/have a partner who has been pregnant in the last 12 months? Or alternatively, is the main caregiver of a child under 12 months?					
The four options are, please indicate which is applicable					
Yes, pregnant or been pre	anant				
Yes, partner	gilailt				
res, partnerYes, main caregiver					
res, main caregiver No					
- 14O					
Referrers Details (if different to GP): Name: Designation:					
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	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 Mental Wellbeing 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 leeds.mws@nhs.net