



LEEDS MENTAL WELLBEING SERVICE

Professionals Therapy Recommendation Form

Please complete all sections 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	
Patients email address: <i>(if known and consent to being used)</i>			
Please tick to indicate that the patient is aware of the referral and consent to their information being used? <i>(LMWS privacy policy can be found at: https://www.leedscommunityhealthcare.nhs.uk/about-us-new/access-to-information/privacy-notice/)</i>			<input type="checkbox"/>
Gender Identity	Male* / Female* / Non-binary / Other / not disclosed <small>*including trans</small>	Is this the same as birth	Yes / No
Ethnicity:			
Refugee/Asylum Status: (Please circle which applies)		Destitute Asylum Seeker / Asylum Seeker / Refugee / Not applicable	
Interpreter Required:	Yes / No	If yes please specify language:	
Special Requirements:	Yes / No	If Yes please specify:	
Initially we send letters/email in English when offering appointments. If there is a reason this is not suitable please advise of the best way to contact your patient: <div style="border-bottom: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Are they Pregnant or been pregnant in the last 12 months?			Yes / No
Are they a partner of someone who is pregnant or been pregnant in the last 12 months?			Yes / No
Are they the main caregiver of a child under 1?			Yes / No

Referrers Details (if different to GP):	
Name:	Designation:
Address:	Tel number:
Post Code:	Secure email address:

LMWS Therapies provide evidence-based treatment for common mental health problems such as anxiety disorders and depression. We do not treat serious mental illness (SMI). However, if somebody has an underlying stable SMI and a common mental health problem, we can offer treatment for their common mental health problem. Please provide all mental health information below on any mental health diagnoses, service input, medication, safety, and the common mental health problem the patient wishes to address through therapy.

Common Mental Health problem the person is presenting with for therapy: <i>(please select)</i>				
Depression	Anxiety	Social Anxiety	Health Anxiety	Obsessive Compulsive Disorder
Panic	Stress	Low self esteem	Post-traumatic stress disorder	Other <i>(please specify)</i>
Please provide a brief reason for recommending this person for therapy:				
Mental health information				
Is the patient currently receiving support from anyone else or has a current open referral with another mental health service?				Yes / No
If yes, please indicate which team: Primary care () Community Mental Health Team () Criss () Forward Leeds () Connect () Other service: _____				
Does this person have a diagnosis of any of the below: (If yes please indicate which) Bipolar () Personality Disorder () Schizophrenia () Eating Disorder () Schizoaffective disorder ()				

If this person has a diagnosis of any of the above please answer the below 4 questions:	
Have they been in secondary care services in the past 12 months	Yes / No
If prescribed any psychotropic medication, please specify:	Yes / No
If yes, have they had any changes with this medication in the past 12 months?	Yes / No
Have there been any active symptoms or changes to their SMI in the last 12 months	Yes / No

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 0800 183 1485

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

Please email the completed form to leeds.mws@nhs.net

If you have any queries about referring or a current referral, please contact the service on 0113 8434388 or visit our website www.leedsmentalwellbeingsservice.co.uk