**B&D CLDT Psychology Referral Form**

**Date of Request:**

**Nature of Request (Please mark one or more of the below):**

1. Complex Assessment:
2. Talking Therapy:
3. Art Therapy:
4. Challenging Behaviour Review:
5. Dementia Review:

**Client Details**

Name of client:

Date of Birth:

Ethnicity of client:

NHS Number:

Address:

Telephone contact:

**Referrer Details**

Name:

Job Title:

Contact:

Current involvements (Include details of key workers, LBBD staff, health staff and all other known non LBBD workers):

**Risk**

Does the client have a history of self harm (please clarify)?

Does the client have a forensic history (please clarify)?

**Referral Information**

What is the client’s first language?

Does the client need an interpreter?

How can we best contact the client?

Can the client attend appointments?

Whose idea was it to refer the client?

Does the client know about the referral?

Is the urgency of this referral normal or high (if high, please explain why)?

Has the person had help from a psychologist or therapist before?

In your own words, what is the client’s problem right now?

What do you think would be most helpful for the client?

**PLEASE EMAIL OR SEND A PAPY COPY OF THIS COMPLETED FORM TO DR BEN DONNER (PSYCHOLOGY LEAD): benjamin.donner@lbbd.gov.uk**

**Address for paper copy:**

Barking & Dagenham CLDT

Psychology Team

Civic Centre

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