**Psychology Self Referral Form**

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Notification of Change in Ordinary Residence Status

Dear

Re:

DOB

I am writing to advise you that ……. Moved into tenancy based accommodation on ……… within your local authority area

We are of the view that …… has acquired ordinary resident status in ……….and would like to work with you to agree a transfer of local authority responsibility. This is in accordance with Guidance in relation to ordinary residence that came out in April 2010.

……… is in receipt of an individual budget to meet his/her needs and further details can be provided once a social worker is allocated to assess his/her needs. …….. has a …………. learning disability. I have planned to meet with ……… on the ………… at his/her home if a social worker from your team would like to attend

I would be grateful if you could contact me in order to process this matter

Yours Sincerely

Psychologists help people by talking with them about their problems. Problems might include worrying a lot about things, or feeling very down. Psychologists also help people with relationships, or coming to terms with difficult changes.

If you would like to meet with a psychologist, then please complete the questions on the other side of this form and post it back to us in the included envelope. You are welcome to include more information if you want.

The meetings will take place at the Civic Centre in Dagenham. **Our telephone number is 0208 227 5432.**

You may be a carer and want some extra support and advice caring for others. If so, then also fill out this form and send it back. We will consider all requests for help.

Once we have received your completed form, someone will be in touch to discuss things further. This can take up to 12 weeks depending on how busy we are.

If you need to speak with someone sooner, then please contact your GP first. You can also phone us up to let us know.

***Please turn over***

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| Name: | Referral date: | Date of Birth: | | Marital Status: |
| Ethnicity: | Gender: | Age: | Language ability: | |
| Have you had therapy before? If so, what was it like? | | | | |
| In your own words, what is the problem right now? | | | | |
| What would a good outcome of therapy be? | | | | |
| Have you attempted suicide in the past? | | | | |
| Name all other health professionals involved with you now: | | | | |