

## Referral to Clinical Health Psychology

Clinical Health Psychology Service  
Dept. of Psychological Services and Research  
01387 244495 (x34495)

### Referred Person:

Name:	CHI number:
Address:	G.P. & Practice

### Referral:

Reason for Referral (what can Clinical Psychology add to the care of this person?):		
Referred by:	Other professionals involved:	
Contact details:		
Brief summary of medical status (include role of psychological factors):		
Additional relevant background information (e.g. family, living situation, occupation etc.):		
1. Is the presenting psychological complaint directly related to the person's physical health?	Yes	No
2. Has the person agreed to the referral being made?	Yes	No
3. Has the person been provided with a Clinical Health Psychology service information leaflet?	Yes	No
4. Is this person aware of what individual therapy is likely to involve?	Yes	No
5. Do you think this person will engage with the treatment process?	Yes	No
6. Do you think this person is motivated and capable of making changes?	Yes	No
7. As far as you are aware, has this person ever been thought unsuitable for individual therapy?	Yes	No
<b>NB – If 'No' for questions 1-6 or 'Yes' for question 7, please contact a representative of the Clinical Health Psychology team before submitting the referral</b>		
Signature:	Date:	

[Office use only]

Referral received by:	Date:
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