**First Step Referral Form**

First Step provides short-term talking therapies for mild to moderate mental health problems including depression, anxiety disorders (e.g. PTSD, OCD, GAD, and Social Anxiety), problem anger and mild bulimia.

Exclusion criteria include

* individuals presenting with high risk (e.g. plan or intent for suicide, presents a danger to others) or requiring a multi-disciplinary mental health team approach
* individuals currently open to secondary care
* individuals for whom a brief intervention would increase risk or be detrimental.

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| **Client Details** | | |
| Name & Title:  Date of birth: | Address:  Post Code | |
| GP/Surgery Address:  Telephone 🕿 | **NHS NUMBER** | |
| Telephone: Landline 🕿 Mobile 🖩  Email address  | | |
| Permission to contact patient via  Landline Mobile Letter Email | | Can we leave a message on  Landline Mobile |
| **Reason for referral**  Presenting problem including mental health diagnosis  Please detail duration of problem and any specific issues that affect the client. | | |
| **Please include previous history of mental health issues inc. previous interventions** (e.g. medication, psychological therapy, services involved and treatments) | | |
| **What kind of help is the client is looking for or expecting to receive?** | | |
| **Current mental health medication** | | |
| **Risk Information** | | |
| **Please tick the boxes below to indicate any risk considerations**  Patient risk of self-harming  Patient risk of suicide  Children on a child protection plan/ child in need/ looked after children  Responsibilities for vulnerable adult or patient is a vulnerable adult  Risk of violence to others (including staff)  Mental health or substance misuse impacting on parenting capacity  Forensic history  Other Risk  None of the above  **If you have highlighted any potential risks in the boxes above then please provide relevant detail below.** | | |
| **Completed by**  Name:  Phone:  **Signature Date** | | |
| Thank you for completing this form, please return via post to:  First Step, Elmwood, 2a Tynefield Drive, Penrith, Cumbria, CA11 8JA  Or email [firststep@cumbria.nhs.uk](mailto:firststep@cumbria.nhs.uk) or [ncm-tr.firststep@nhs.net](mailto:ncm-tr.firststep@nhs.net) | | |