**Essential Documents and Contact Details Form**

**We are unable to triage incomplete referrals. A complete referral includes no. 1-4 in the table below.**

**Please email all 4 sets of information in a single email to:** [**KetamineClinic@oxfordhealth.nhs.uk**](mailto:KetamineClinic@oxfordhealth.nhs.uk)**.**

|  |  |
| --- | --- |
| **Information we must have before we can process your referral further** | **Checklist** |
| 1. This form. It can be filled in by you, the patient |  |
| 1. A referral letter from the GP or psychiatrist making the referral |  |
| 1. A printout summary from the patient’s GP |  |
| 1. Any additional psychiatric reports or letters from at least the last 3 years |  |

|  |  |
| --- | --- |
| **Date** |  |

|  |  |
| --- | --- |
| **Patient Name** |  |
| **Date of Birth** |  |
| **Contact Number(s)** |  |
| **Do you consent for us to leave us to leave you voicemail messages?**  Yes  / No | |
| **Email Address** |  |
| **Home Address** |  |
| **GP Name**  **Surgery Name**  **Address**  **Telephone** |  |
| **NHS Number**  (if known) |  |
| **Allergies** |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Are you currently under the care of a psychiatrist or NHS mental health team? |  |  |
| Do you currently have a care co-ordinator? |  |  |
| Do you currently see a psychotherapist? |  |  |

If **YES** to any of the above, please fill in the relevant details below.

**Psychiatrist**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |
| When did you last see your psychiatrist? |  |

**Care Co-Ordinator (CCO)**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |
| When did you last see your CCO? |  |

**Psychotherapist**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |
| When did you last see your therapist? |  |
| What is the therapeutic modality? |  |
| How often have you been meeting? |  |

**Emergency Contact**

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| Relationship with you |  |
| Do you consent for us to share treatment-related information with this person if required? Yes  / No | |