



## Professional Referral Form for Greenwich Time To Talk IAPT Adult Primary Care Psychology Service

### We offer:

- Guided self-help, bibliotherapy or web based psychoeducation (via Big White Wall) for people experiencing mild/moderate depression or anxiety.
- Individual Cognitive Behavioural Therapy (CBT) sessions for people experiencing moderate/severe depression, anxiety, Obsessive Compulsive Disorder (OCD), Post Traumatic Stress Disorder (PTSD), panic attacks or specific phobias\*.
- Individual counselling for people with adjustment disorders or depression.
- Group psycho-educational and treatment programme

\* Following referral and assessment a decision will be made by our service as to which level of treatment will be most suitable for the individual

Clients must be aged 16 or over, and have a Greenwich GP.

### Client Personal Details:

<b>Name:</b>		<b>Gender:</b>	M / F
<b>Date of Birth: Age (≥16 only)</b>		<b>NHS number:</b>	
<b>Address:</b>		<b>Telephone Number: Must be current and accept calls.</b>	
<b>Postcode:</b>		<b>PHQ-9 score</b>	
<b>Spoken English:</b>	Good <input type="checkbox"/> OK <input type="checkbox"/> Limited <input type="checkbox"/>	<b>First Language (if need an interpreter):</b>	
<b>Registered GP details:</b>			

### Reason for referral: (✓ as required) Only 1, the main problem, please.....

<input type="checkbox"/> Generalised Anxiety	<input type="checkbox"/> Panic Attacks/agoraphobia	<input type="checkbox"/> Depression
<input type="checkbox"/> Specific Phobia	<input type="checkbox"/> Health Anxiety	<input type="checkbox"/> Adjustment Disorder
<input type="checkbox"/> Social Phobia	<input type="checkbox"/> Single event Post Traumatic Stress Disorder (PTSD)	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> OCD		

**Duration of problem:**

**Description of problem:**

### Referrer details:

<b>Referred by (please print):</b>	<b>NHS Service:</b>	<b>Date:</b>