**AccEPT Clinic Referral Form**

***Primary Care Psychological Therapies Service***

As we are a **research-based clinic**, the exact content of our therapies may change over time. All current treatments can be found here: [www.exeter.ac.uk/mooddisorders/acceptclinic/](http://www.exeter.ac.uk/mooddisorders/acceptclinic/)

**A decision of which would be the most appropriate treatment intervention is made upon receiving the referral.** All referrals will be assessed or referred on as appropriate within **6 weeks** of referral.

**Please select the MBCT group you are referring the patient to:**

Exeter ❒ North Devon ❒ Honiton ❒ Tavistock ❒

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| --- | --- |
| **Name:**  | **Referrer name:** **Health Visitor? please tick:** |
| **DoB:**  |
| **Male/Female** | **Referrer service/location:**  |
| **NHS No:** | **Referrer contact number:** |
| **Address:****Home Tel No:** **Mobile no:** **Patient confirmed ok for us to leave a message:****Home: Y/N Mobile: Y/N****Email:** | **NHS No:****GP:** **GP Practice Name:** **Address:** **Phone number:** **Fax number:**   |
| **Date of referral:** |
| **Exclusion criteria**: *Current Depression* ***(unless otherwise specified)****, Current substance dependence; Bipolar Disorder; Current psychosis; organic brain damage; behaviour posing risk to self, staff or other patients which cannot be managed within the clinic setting; currently involved in psychotherapy or counselling; Significant longstanding interpersonal difficulties (personality disorder) that require specialist and longer-term psychological treatment.* |
| **Does the patient have a history of harm to self or others?**  Yes / NoIf yes, please give details: |
| **Please provide as much information as possible including presenting problems:**(Please attach any recent reports, assessments relevant information)**Current mood**:**Relevant psychological history:****Number of depressive episodes:****Previous psychological therapy/treatment**: **End date of most recent treatment (if known):****Clinical measures:*****PHQ9 Score: \_\_\_\_\_\_\_ GAD7 Score: \_\_\_\_\_\_\_*** *Has this patient previously been referred to the AccEPT Clinic?*  ***Yes*** ***No***  |