**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: <http://www.exeter.ac.uk/mooddisorders/acceptclinic/treatments/>

All referrals will be assessed or referred on as appropriate within **6 weeks** of referral. *Please provide as much of the information requested below as possible*: insufficient information may require us to seek further clarification and delay the start of any treatment offered.

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| **Please note our exclusion criteria before completing the referral:**  **Under the age of 18; 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.** |

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| **Patient Details** | |
| **Preferred group (patients will be offered the group geographically closest unless specified):** | |
| **Name:** | **NHS Number:** |
| **DOB:** | **Gender:** |
| **Address:** | |
| **Home number:** | **Mobile Number:** |
| **If you have detailed a phone number can we leave a message? Home: Yes ❒ No ❒ Mobile: Yes ❒ No ❒** | |
| **Email address:** | |
| **Referrer Details** | |
| **Name:** | **Referrer Service:** |
| **GP Details** | |
| **GP Name:** | **GP Practice:** |
| **Address:** | |
| **Phone Number:** | |
| **Email address:** | |
| **Has this patient previously been referred to the AccEPT Clinic**?  **Yes ❒ No ❒** | |

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| **Referral Information**  Please provide as much information as possible including presenting problems and attach any recent reports, assessments and relevant information. |
| **Details of any known risk to self and/or others, or adult or child safeguarding issues. If none known, please indicate.** |
| **Current mood**: |
| **Relevant psychological history (including any other psychological conditions):** |
| **Number of depressive episodes:** (MBCT is indicated for those with 3 or more previous episodes) |
| **Previous psychological therapy/treatment**:  End date of most recent treatment (if known): |
|  |
| **Current psychiatric medication prescribed**: |
| **Clinical measures: *PHQ9 Score: \_\_\_\_\_\_\_ GAD7 Score: \_\_\_\_\_\_\_*** |