

Online Referral to Northumberland CTT

The Northumberland Community Treatment Team (CTT) is a non-urgent service that handles referrals daily during business hours.

For any assistance in completing this form, please contact 01670 844700

IF YOU REQUIRE AN URGENT PSYCHIATRIC REFERRAL, then PLEASE CALL 03031231146 for advice and support. In an emergency, please dial 999 for assistance

<Today's date>

For referrals to be processed as effectively as possible, please try to provide as much detail as you can in the following questions.

Please also ensure the patient understands that whilst the referral is initially to NTW as a secondary mental health service; we will on receipt, carry out an initial triage. If we believe that it is more appropriate for the Primary Care Mental Health Service (IAPT), then we will make the onward referral.

I confirm that the patient gives consent to this referral and is aware of the potential for onward referral if deemed more suitable. ☐

<Patient Name>

<Date of birth>

<Gender>

<Patient Address>

<Patient Contact Details>

Initial expectations of referral

- ☐ Full assessment (with psychiatrist)
- ☐ Medical/Pharmacy advice input or support
- ☐ General concerns, seeking advice regarding assessment and treatment

Is this person presenting for the first time with this condition or is this an ongoing concern.

- ☐ New Presentation
- ☐ Ongoing Issues, managed in practice
- ☐ Ongoing Issues, Known to Mental Health Services

Please provide a brief description of why you are referring to the service? What are the identified problems?

Is the person being referred aware and consenting to this referral?

☐ Yes

☐ No

Referrer Name & Role, if not usual GP

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GP Name & Surgery

<GP Name>

<GP Details>

Any other relevant referrals, including any other mental health services involved?

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Risk Factors to be considered

☐ Lone working concerns

☐ Current risk to self

☐ Current risk to others

☐ Historical risk to self

☐ Historical risk to others

Any additional comments regarding risk

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Current Medications

<Medication(table)>

Past Medical History

<Problems(table)>

<Problems(table)>

Able to communicate in English?

☐ Yes

☐ No

If an interpreter is required, please specify language

Mobility issues

☐ Yes

☐ No

Ex British Armed Forces?

☐ Yes

☐ No

Drug/Alcohol Issues

Any other relevant information that you wish to add?

“For additional service information please click link below”

<https://www.ntw.nhs.uk/content/uploads/2018/03/NL-NTWMH-Referral-Information-for-GP-22.03.2018.pdf>



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