

GP referral form

Please complete the form below and your enquiry will be dealt with promptly. Priory's customer service team is available 24 hours a day, 7 days a week to ensure that those in crisis can be signposted to the best possible support, as quickly as possible. You can call them on **0800 840 3219**

All patient details will remain confidential and will only be used for administrative purposes to help Priory assist with your enquiry. Please email the form to: **priory.referral@nhs.net**



You can also complete this form online by visiting: **www.priorygroup.com/gp-referral**

Patient details

Priory reference number (if provided by Priory):

Name:

Date of birth:

Patient address:

Telephone number:

Gender:

Email address:

Referrer details

Referring clinician:

Practice address:

Practice telephone number:

Referrer's email address:

Referral information

Funding type (if known):

Self-pay

Private medical insurance

Preferred Priory location:

If known, please select the service required:

Individual therapy

Inpatient treatment

Addiction treatment programme

Consultant assessment

Group therapy

Preferred specialist (if known):

Reason for referral (e.g. current symptoms, relevant history, any known triggers, precipitating factors, dual diagnosis)

Diagnosis or condition (if known)

Risk factors (please select)	High risk	Moderate risk	Low risk
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance/alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any relevant psychiatric reports, assessments or completed questionnaires e.g. PHQ9 or GAD7

Past medical history (significant active and significant past)

Medication (acute, repeat and past)

Allergies and family history

Investigations

Additional supporting information (e.g. physical health issues)

Recent consultations

Referrer signature

Date

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