



INTEGRATED CARE DIABETES REFERRAL FORM

OFFICE USE: Dear SPA Colleagues – If for Wellbeing please allocate to Team admin account once risk reviewed

Name & Surname		Gender	
NHS number		Ethnicity	
Telephone		DOB	
Patient Address	GP Name & Practice		
GP informed of referral?	Yes/No	Patient aware of referral?	Yes/No

Yes / No

Is your patient currently under the care of mental health services?
Yes / No

Is your patient currently prescribed medication for mental health problems?
Yes / No

Has your patient been an inpatient on a psychiatric unit?
Yes/No

Yes / No

If yes to any of the above please provide details.

Please give history of Alcohol and/or Drug Use

e.g. units of alcohol typically consumed, name and frequency of use of illicit drugs

RISK ASSESSMENT:

Does the patient have a history of self-harm or suicide attempts? **Yes/No**

Does the patient present a risk to others (includes forensic history)? **Yes/No**

Is the patient at risk from harm/abuse from others? **Yes/No**

If yes to any of the above please provide detail (e.g. level of risk, protective factors):

- 1. If your patient is being cared for within primary care or Herts Community Trust please refer to:**
WELLBEING: Please hand the completed referral to your allocated Wellbeing therapist or email this referral form to: hpft.spa@nhs.net
- 2. If your patient is under the care of West Herts Hospital Diabetes Team please refer to:**
Complex Diabetic Mental Health Team, 2nd Floor, Shrodells Building, Watford General Hospital, Watford, WD18 0HB email: r.watford@nhs.net or Fax: **01923 436123** Phone: 01923 436124