**Suffolk User Forum, Healthy Together – Self Referral Form**

**Consent obtained for referral**: [ ]

Referred by:

Referred by – name of VCSE organisation or Self-Referral:

Patient’s name / Preferred name:

Gender:

NHS Number:

Date of birth:

Ethnicity: Unknown

Address:

Telephone Number(s):

 GP address / contact details:

Preferred contact method: (e.g. text / phone call / email)

Any preferred contact time / day:

Ever served in the Armed Forces (useful to know for dental options): No

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Current inpatient: No

Current ward:

Happy to be contacted whilst an inpatient: Choose an item.

Interventions required:

Diagnosis. The person referred must be living with and diagnosed with one of the following Severe Mental Illness (SMI) diagnoses. Please tick relevant diagnosis.

* Schizophrenia (F20)
* Schizotypal Personality (F21)
* Persistent Delusional Disorder (F22)
* Acute Transient Psychotic Disorders (F23)
* Induced Delusional Disorder (F24)
* Schizoaffective Disorders (F25)
* Other Nonorganic Psychotic Disorders (F28)
* Unspecified Nonorganic Psychosis (F29)
* Manic Episodes (F30)
* Bipolar Disorder (F31)
* Severe Depression with Psychosis (F32.3)

Tell us more about how their SMI affects daily life:

Risk Assessment Form Completed (for face-to-face support) Choose an item.

Any identified risks/additional details.

IDT / Care Coordinator / Support Worker/ Carer details:

Date of referral:

Please send completed forms to: HT@suffolkuserforum.co.uk