

Referrer (and contact details):**Date of referral:****Referral:** Outpatient or inpatient (please delete as appropriate) Ward:**Patient name:****Date of birth:****Hospital number:****NHS no:****Address:****Please include a telephone number:****Ok to leave a message?** Y/N**Email address:****GP name & address****Ethnic background & nationality (if known):****Ethnic background & nationality (if known):****Referring medical diagnosis (if sickle cell please include type e.g. HbSS/HbSc):****Any other medical diagnoses:****Reason for referral: please tick in the relevant boxes**

Mood: Anxiety/panic		Mood: Bereavement (grief reaction and loss)	
Mood: Depression / low mood		Mood: Stress management	
Mood: Fear of health deterioration		Mood: Adjustment difficulties	
Mood: Relationship problems		Mood: Anger management	
Self-management (of impact of health condition e.g. pain management)		Parenting skills/ strategies	
Weight management		Managing medications / medical interventions	
Traumatic hospital experience		Other: (please state)	

Please use this space to provide any other relevant information about your referral:

Please e-mail this completed form to: cim-tr.WhittingtonCHP@nhs.net Make the subject/ title of your email 'Haematology Psychology referral'. Thank you.