Whittington Health NHS

RESPIRATORY MEDICINE
PSYCHOLOGY REFERRAL FORM

For office use only
Referral Received:
Screened:

Referral date: please enter

Referrer (and contact details):
Respiratory consultant:

Please ensure referral discussed with and agreed by respiratory consultant
Please indicate referral agreed by consultant: **Yes/No** (please delete as approp)

Referral: Outpatient or inpatient (please delete as approp.) Ward:

Patient name: **Date of birth:**
Hospital number:
NHS no:
Address:

Please include a telephone number:
Ok to leave a message? **Y/N**

Please include an email address (if email used by patient):

GP name & address

Ethnic background & nationality: **Interpreter Required?**

Referring medical diagnosis:

Any other medical diagnoses:

Current smoker? Y/N (please delete as approp.)

Reason for referral: please tick in the relevant boxes

Mood: Anxiety/panic		Mood: Bereavement	
Mood: Depression		Mood: End of life issues	
Mood: Fear of health deterioration		Mood: Frightening breathlessness	
Mood: Relationships		Mood: Stress	
Pulmonary rehabilitation group		Quit smoking	
Self-management (of impact of health condition)		Traumatic hospital experience	
Weight management		CPAP support	
Other: (please state)			

Please use this space to provide any other/extra relevant information:

Please e-mail this completed form to: cim-tr.WhittingtonCHP@nhs.net **and title your email 'Respiratory Psychology referral'. Thank you.**

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