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| Access Community Mental Health/SMI Physical Health Check Referral Form | | | |
| ***Referrer information*** | | | |
| Date of Referral |  | Practice/Team: |  |
| Name of referrer (and GP if different): |  | Email address: |  |
| ***Patient information*** | | | |
| Consent to text messages | Yes No | Consent to phone messages | Yes No |
| First Name |  | Surname |  |
| Address |  | DOB |  |
| Pronouns |  |
| Postcode |  | Contact Number |  |
| Is this a referral for Access | | | Yes No |
| **Or** is this a referral for Physical Health Check coordination? | | | Yes No |
| What would the individual like support with? *Please include if they have been given a mental health diagnosis, and whether they agree with this diagnosis* | | | |
|  | | | |
| Risk information (to self or others). *Please provide details* | | | |
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| **Additional Physical Health Check referral information:** | | | |
| Please indicate which physical health checks the individual is required to attend and the date of their last attended physical health check. | | | |
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| Please indicate any actions the individual has following/prior attending a physical health check. *For example, blood pressure monitoring* | | | |
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| Are there any known barriers associated with the individual attending physical health checks? *For example, communication difficulties, memory issues* | | | |
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| ***Confidentiality and data protection*** | | | |
| Privacy notices for Second Step can be found here: [Second Step,](https://www.second-step.co.uk/wp-content/uploads/2024/05/SS_A5_PROTECTINGINFO_LEAFLET_ELEC_MAY2024.pdf)  **Please confirm the client has been involved in this referral and have given**  **consent for this information to be shared: Yes/No** | | | |