

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 <input type="checkbox"/> No <input type="checkbox"/>	Consent to phone messages	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name		Surname	
Address		DOB	
		Pronouns	
Postcode		Contact Number	
Email			
Is this a referral for Access			Yes <input type="checkbox"/> No <input type="checkbox"/>
Or is this a referral for Physical Health Check coordination?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What would the individual like support with? <i>Please include if they have been given a mental health diagnosis, and whether they agree with this diagnosis</i>			
Risk information (to self or others). <i>Please provide details</i>			
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.			
Please indicate any actions the individual has following/prior attending a physical health check. <i>For example, blood pressure monitoring</i>			
Are there any known barriers associated with the individual attending physical health checks? <i>For example, communication difficulties, memory issues</i>			
Confidentiality and data protection			
Privacy notices for Second Step can be found here: Second Step . Please confirm the client has been involved in this referral and have given consent for this information to be shared: Yes <input type="checkbox"/> / No <input type="checkbox"/>			

Contact Access Community Mental Health Team

BANES Sshaltd.secondstepbanes@nhs.net / 01225 261100

<https://www.second-step.co.uk/banes-swindon-wiltshire/>

This service is open from 9.00am to 6.00pm, Monday-Friday. Referrals will be responded to within 72 hours.