

## Access Community Mental Health/SMI Physical Health Check Referral Form

<b>Referrer information</b>			
Date of Referral		Practice/Team:	
Name of referrer (and GP if different):		Email address:	
<b>Patient information</b>			
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>			
<b>Additional Physical Health Check referral information:</b>			
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>			
<b>Confidentiality and data protection</b>			
Privacy notices for Second Step can be found here: <a href="https://www.second-step.co.uk/banes-swindon-wiltshire/">Second Step</a> . <b>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"/></b>			