Women’s Health Psychology Referral Form (updated December 2021)

Please read this carefully before completing the form.

**Is this the right service for me?**

We accept self-referrals from individual patients and couples who are currently receiving care from Whittington Health for fertility and/or gynaecological conditions and who are experiencing **emotional difficulties associated with these**.

After we triage your referral form, we will contact you to either book you in for a telephone assessment with our service, or let you know about other services which we think might better suit your needs. In the assessment we will ask a bit more about your current difficulties, your life in general and a bit about any relevant history. We will then agree a plan with you based on what best suits your individual needs and hopes for any psychological therapy. If we think this service is best placed to help you then we will add you to our waiting list for therapy sessions. Again, if we think another service would better suit your needs, we will discuss the options with you.

We offer between 6-8 therapy sessions with a psychologist or trainee psychologist in the team. Currently, we offer face to face and, where appropriate, video/ telephone sessions. Therapy sessions often involve an integration of a range of therapeutic approaches that best meet your needs.

We cannot accept referrals for individual patients and couples who:

* are already being treated by or have been referred to other psychological services for support with the same problem
* require generic mental health treatment (i.e. their main concerns are unrelated to fertility or gynaecological issues)
* have housing/immigration issues as their main concerns
* are no longer under the care of Whittington Health for their fertility or gynaecology issues

If you feel your main concerns are not associated with your condition or treatment under the Whittington Health then you may wish to discuss with your GP other forms of local support, e.g. IAPT (Increasing Access to Psychological Therapy) services.

**What should I do next?**

If you think Women’s Health Psychology seems the right service for you, then:

1. Please complete ALL sections of the form and email it to: **whh-tr.chp@nhs.net**.
2. Your form will then be triaged and one of our team will contact you to either book you in for an assessment with our service, or let you know about other services which might better suit your needs.

If you are unsure about this process or need to ask any questions, you can **call the Women’s Health Psychology team on 020 7527 1538**. Our administrator is availableTuesday 09:30-17:00, Wednesday 09:30-17:00, and Thursday 09:00-12:45. If there is no answer please leave a message and someone will call you back at the earliest opportunity (but please note this may take a few days).

**Our contact details**

**Lead Administrator: Wendy Sewell**

**Tel: 020 7527 1538**

**Email: whh-tr.chp@nhs.net**

**First we would like to know a little bit about you:** Today’s date:

First Name Surname DOB NHS no:

Preferred name (if different from ‘first name’)

Address

Post Code:

Borough Email

Home tel Mobile tel

**Email:**

**\*I confirm that I am happy to receive information by email 🞎 Yes 🞎 No**

**Text messages:**

**\*I confirm that I am happy to receive information by text 🞎 Yes 🞎 No**

***\*Email address and mobile number supplied will not be used for any other purposes or shared with any other party***

**Voicemail messages:**

**\*I confirm that I am happy to be left voicemail messages**

**🞎 Yes 🞎 No**

**Copies of clinic letters to the address:**

**\*I confirm that I am happy to receive copies of clinic letters to the above address**

**🞎 Yes 🞎 No**

Language: Interpreter Required? **🞎 Yes 🞎 No**

Ethnic background: I do not wish to state **🞎**

Are you currently under the care of Whittington Health for your fertility or gynaecology issues?

**🞎 Yes 🞎 No**

Whittington Health Professionals involved in your care:

1. Name: Role / Department:

Contact Details:

**Permission to copy them into correspondence: 🞎 Yes 🞎 No**

1. Name: Role / Department:

Contact Details:

**Permission to copy them into correspondence:** **🞎 Yes 🞎 No**

GP Name:

**\*I confirm that I consent for the Psychology Team to send copies of clinic letters to my GP 🞎 Yes 🞎 No**

Address:

GP TEL:

Have you started treatment? 🞎 Yes 🞎 No

Please provide brief details about this treatment:

**Secondly, we would like to learn more about the problem you would like help with:**

Please describe the problem you would like help with:

How long has this been a problem for you (e.g. weeks, months, years)?

Have you experienced anything like this in the past (e.g. is a recurring problem)?

If so, please give details:

Have you previously received, or are you currently receiving, any psychological or psychiatric support for this problem?

If so: when and for how long? Where / with whom? **Permission to contact: 🞎 Yes 🞎 No**

Who is involved in your current care (e.g consultant, social worker, psychiatrist)?

If you have a partner, how is your partner coping?

Do you have any issues with alcohol or recreational drugs? yes no

Do you currently feel you are at risk to yourself? yes no

Are your family members / friends concerned yes no

about any of your behaviours?

Please use the box below to tell us what you hope to gain from our service, including your goals: