Priory referral form

PRIORY HEALTHCARE

Email: priory.referral@nhs.net
GP Enquiries Line: 0800 090 1354
Fax: 0844 770 6206

You can also complete this form online by visiting:
www.priorygroup.com/gp-referral

Please complete all sections of this referral form:

Patient details

Priory reference number (if provided by Priory):	
Name:	**Date of birth:**
Address:	
Telephone number:	
Gender:	
Email address:	

Referrer details

Referring clinician:	
Practice address:	
Practice telephone number:	
Referrers email address:	

Referral information

Funding type (if known):	Self-pay ☐	Private medical insurance ☐	
Preferred Priory location:			

If known, please select preferred service required:

Individual therapy assessment	☐	Group therapy assessment	☐
Consultant assessment	☐	Preferred specialist (if known):	
Inpatient treatment	☐	Addiction treatment programme	☐

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Reason for referral

(e.g. Current symptoms, relevant history, known triggers, precipitating factors, protective factors, dual diagnosis)

Diagnosis or condition (if known)

Risk factors	High risk	Moderate risk	Low risk
Self-harm	☐	☐	☐
Suicidal ideation	☐	☐	☐
Harm to others	☐	☐	☐
Substance / alcohol misuse	☐	☐	☐

Please include any relevant psychiatric reports, assessments or completed questionnaires e.g. PHQ9 or GAD 7

Past medical history (significant active and significant past)

Medication (acute, repeat and past)

Allergies and family history

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Investigations

Additional supporting information (e.g. physical health issues)

Recent consultations

Signature	Date