GP referral form

Please complete the form below and your enquiry will be dealt with promptly. Priory's customer service team is available 24 hours a day, 7 days a week to ensure that those in crisis can be signposted to the best possible support, as quickly as possible. You can call them on **0800 090 1354**.

All patient details will remain confidential and will only be used for administrative purposes to help Priory assist with your enquiry. Please complete all sections of this form.

Please email the form to: priory.referral@nhs.net or fax to **0844 770 6206**.

You can also complete this form online: www.priorygroup.com/gps-referrers/make-a-referral

Patient details	
Priory reference number (if provided by Priory)	
Patient name:	
Gender:	
Telephone:	
Email address:	
Patient date of birth:	
Patient address:	

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

Referral information	
Funding type (if known):	Self-pay ☐ Private medical insurance ☐
Preferred Priory location:	
If known, please click on the preferred service required:	Individual therapy ☐ Group therapy ☐ Inpatient treatment ☐ Addiction treatment programme ☐ Consultant assessment ☐
Preferred specialist (if known):	

Reason for referral e.g. current symptoms, relevant history, any known triggers, precipitating factors, dual diagnosis:

Diagnosis or condition (if known):

Risk factors (please click):	High risk	Moderate risk	Low risk
Self-harm	☐	☐	☐
Suicidal ideation	☐	☐	☐
Harm to others	☐	☐	☐
Substance / alcohol misuse	☐	☐	☐

Please include details of any relevant psychiatric reports, assessments or completed questionnaires e.g. PHQ9 or GAD7:
Past medical history (significant active and significant past):
Medication (acute, repeat and past):
Allergies and family history:
Investigations:

Additional supporting information (e.g. physical health issues):
Recent consultations:

Referrer signature: **(printed is acceptable)**	
Date:	