**CHESS Scheme - Referral Form**

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| **Patient Details** | | **GP Details** | |
| **Surname:** |  | **Name:** |  |
| **Forename:** |  | **Address:** |  |
| **Address:** |  |
| **Hospital No:** |  | **Practice Code:** |  |
| **NHS No:** |  | **Phone:** |  |
| **Date of Birth:** |  | **Fax No:** |  |

**Patient Contact Numbers:**

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| **Phone (day time contact number):** |  |
| **Evening contact number:** |  |
| **Best time to contact:** |  |

It may not always be possible to ring at the time given by GP

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| **Patient’s capacity to consent to treatment:** |
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**Information expected from GP’s in CHESS scheme**

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| **What is the specific query?** |
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| **Current risk and management plan** |
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| **Relevant psychiatric history** |
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**Relevant Medical History**

**Allergies**

**Current Medication**