**Dr Roseanna Brady BSc MA MSc D Psych CPsychol MBPsS**

**Health Psychologist (HCPC Registered)**

**Bridges Clinic, Private Patients at Bedford Hospital**

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**Medical Referral Form**

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| --- |
| **Patient Details** |
| Name |  |
| Address |  |
| DoB |  |
| Gender |  |
| **Primary Medical Diagnosis**  |
| Current medical treatmentAwaiting further assessment/specialist referral? **Please state Yes or No**.(If Yes, please provide details)Awaiting further medical treatment or surgical interventions? **Please state Yes or No.**(If Yes, please provide details)Is the patient currently, or intending to be, involved in litigation in relation to his/her primary diagnosis? **Please state Yes or No.** |
| Co-morbid physical conditions |  |
| Other Medications |  |
| GP name |  |
| GP address |  |
| GP Telephone  |  |
| **Details of referring health professional** |
| Name |  |
| Position |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax: |  |
| **Reasons for referral** (e.g. adjustment to diagnosis or treatment, self-management, low mood/high anxiety related to diagnosis, difficulties making or maintaining required lifestyle changes, need to reduce dependence on medical interventions, etc.) |

Please note the following **general exclusions**:

* Patients under 18 years
* Patients being seen by another psychologist or by a counsellor
* Patients for whom severe or enduring mental health issues are the dominant concern
* Patients for whom drug or alcohol issues are the dominant concern
* Patients in crisis (e.g. acute risk of suicide)
* Patients with terminal illness
* Patients who have displayed aggressive behaviour which posed a risk to themselves or to others

Thank you for completing this form. Please send to:

Email: bridgesclinic@bedfordhospital.nhs.uk **or** roseanna@psychologyforhealth.co.uk

Tel: 01234 792000

Fax: 01234 795700

We will contact you after reading this referral