**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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details** | | | |
| Name | |  | |
| Address | |  | |
| DoB | |  | |
| Gender | |  | |
| **Primary Medical Diagnosis** | | | |
| Current medical treatment  Awaiting 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](mailto:bridgesclinic@bedfordhospital.nhs.uk) **or** [roseanna@psychologyforhealth.co.uk](mailto:roseanna@psychologyforhealth.co.uk)

Tel: 01234 792000

Fax: 01234 795700

We will contact you after reading this referral