

Let's Talk IAPT Referral Form

Improving Access to Psychological Therapies Service (IAPT) is a confidential NHS service providing easy access to psychological therapies for people experiencing depression and anxiety. To make a referral online, visit www.lets-talk-iapt.nhs.uk/refer.

Please ensure that you complete all of the fields

Name:	Date of Birth:	Gender: M / F
NHS number:	GP Name:	
Address:	GP Address:	
Postcode:		
Date of referral:	Please note that your GP and Health Visitor (if applicable) will be kept informed of your referral.	
Preferred Contact Number: _____	Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OK to leave voice messages: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, in which language? _____	
OK to send text messages: Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a self-referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OK to communicate via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	If this is not a self-referral, please provide referrer's name, address and telephone number if different from the GP details above.	
Email: _____		
What is the main problem that you would like help with, and how is it affecting your life?		
How did you hear about us?		
GP <input type="checkbox"/>	Other Healthcare Professional <input type="checkbox"/>	Search Engine (e.g. Google, Bing) <input type="checkbox"/>
Leaflet <input type="checkbox"/>	Workshop run by IAPT <input type="checkbox"/>	Social media (e.g. Twitter, Facebook) <input type="checkbox"/>
Family/Friend <input type="checkbox"/>	Other <input type="checkbox"/> Please specify.....	

Once completed, please return to:

Barnet Let's Talk IAPT, First Floor, Westgate House, Edgware Community Hospital, Burnt Oak Broadway, Edgware, HA8 0AD
Or email to: lets-talk-barnet@nhs.net or contact us by telephone: 020 8702 5309

***If you are worried about acting on suicidal thoughts OR if you are worried about hearing voices or other psychotic symptoms - Contact your GP or specialist mental health services via The Crisis Resolution and Home Treatment Team on 020 8702 4040.**

If your GP is aware of your current difficulties, please ask them to fill in this side of the form:

GP Name:	GP Practice:
Reason for Referral: (Including any assessment scores i.e. PHQ-9)	
Current Medication:	
Details of previous psychiatric or psychological input:	
Any current risk issues:	
Signature:	Date:

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