



Staff Referral Form

for Psychological Assessment &/or Therapy

Name of staff member:

Date of referral:

Telephone number:

Email address:

Employing organisation:

Staff member's role:

Call taker name:

Staff member's GP:

Description of the problem the staff member is experiencing:

Staff members hopes/goals/expectations for psychological assessment and possible intervention:

Approach discussed (if any):

Please give details of any treatment the staff member has been receiving for their mental health concerns (pre-existing or current):

Risks:

Other support offered/signposted:

Staff member availability for psychological assessment:

Thank you. Please email onto: psychologicalstaffsupport@bdct.nhs.uk