Please complete and email to LIAPTScreeningteam@slam.nhs.uk with subject: discussion form.

Clients’ name:

Date of birth:

Trust ID:

GP Practice:

Please be aware we are only able to accept referrals for clients:

1. registered with a Lambeth GP irrespective of residential address,
2. or referrals for clients with a Lambeth residential address, irrespective of whether they have a Lambeth or non-Lambeth GP

Your professional role:

Your service:

Support you have been offering the client:

Contact details:

Best times to reach you:

Does your client meet any of the following criteria? Y/N

History of psychosis:

Diagnosis of Bipolar 1 or 2:

Diagnosis of a personality disorder:

Diagnosis of an eating disorder:

History of or current drug or alcohol dependency:

Has been seen by a specialist mental health service within the last 12 months:

Has been seen by Integrated Psychological Service (IPTT) within the last 12 months:

Seeking specific treatment for Autism Spectrum Disorder:

\*\*Description of the referral problem or referral advice needed:

Please note this is not a referral, this is an initial discussion and if agreed, a referral will need to be sent afterwards.

Thank you for contacting us. We will aim to get in touch with you within 5 working days

Kind regards,

Lambeth Talking Therapies