

Self-Referral Form for General Therapies Services

Please complete this form to make a referral to services at the Tuke Centre, part of The Retreat York. You can return your completed form by email, fax or post:

Email: ny.asdadhd@nhs.net

Post: The ASD and ADHD Service, 28 Green Dykes Lane, York, YO10 3HH

In submitting this referral form you are accepting the terms of The Retreat, York privacy statement which can be found on our website <https://www.theretreatyork.org.uk/privacy-policy>

Your information will be kept in strictest confidence and will only be read by those involved in the referrals and assessment process.

PERSONAL INFORMATION			
Surname:		First Name:	
Date of Birth:		NHS Number:	
Home Address:			
Post Code:			
Marital Status	Married / Single / Living with Partner		
No. of Dependents		Ethnic Group	
Preferred contact number			
Are you happy for us to leave you a voicemail? Yes / No			
Email Address			
Are you happy for us to contact you by email? Yes / No			
Preferred method of contact	Home Phone / Mobile Phone / Email / Post		
Next of Kin	Name:	Contact No:	
Availability for Appointments			

PERMISSION TO SPEAK TO A THIRD PARTY

Is there anyone you wish to give consent for The Retreat staff to speak to should they contact us on your behalf, for example a close family member. If there is would you please provide their full name and relationship to you below. **Please be aware that by completing this information, should they contact The Retreat, you are giving your consent for us to speak to them and provide them with information relating to you and your therapy until you instruct us to stop.**

Full Name:	Relationship:
Full Name:	Relationship:

GP DETAILS (REQUIRED)

GP Name:	Phone No:
GP Address:	
Post Code:	
Do you give us consent to contact your GP?	Yes / No

REFERRAL DETAILS

Why are you making this referral? Please provide background information such as nature of difficulties, date of onset, duration etc. Please also tell us about any past problems you have had relevant to this referral. Please specify if you are seeking an assessment for Autism or ADHD, or whether you already have a diagnosis and are seeking therapeutic support from our service.

Are you involved with any mental health services at present? If yes, please give details including names & contact details of professionals / Care Co-ordinator involved.

<p>Have you had any therapy before? If yes, please provide some details, including an indication of how it helped you.</p>	
<p>Have you attended any of the services provided by The Retreat before? If yes, please provide the name of the service attended.</p>	
<p>* Do you have any past or current problems relating to self-harm?</p>	<p>Past <input type="checkbox"/> Current <input type="checkbox"/> None <input type="checkbox"/></p>
<p>* Have you had any past or current incidents relating to suicidal thoughts or actions?</p>	<p>Past <input type="checkbox"/> Current <input type="checkbox"/> None <input type="checkbox"/></p>
<p>*We may need to speak to you to get some further information if you have had past or current problems of this nature; both questions must be completed prior to submission.</p>	
<p>Is there any other important information we should know? Please include any medication you are currently taking.</p>	

FUNDING

Please tell us how your assessment and any ongoing treatment will be funded and provide the details of your funder.

Self-Funding: Contact Details Of Funder

Surname:	First Name:
Address:	
Post Code:	
Phone:	Email:

Private Insurance

We accept insurance payments from AXA, AVIVA, CIGNA, Simply Health, Vitality Health & WPA

Company Name:	
Company Address:	
Post Code:	
Phone:	Email:
Contact Name:	
Insurance Membership No:	
Pre Authorisation Code:	Limit of Cover: £
Excess:	Expiry Date:
Is the funder aware of your referral?	Yes / No
Is funding for your initial assessment agreed?	Yes / No
Is full funding in place for ongoing therapy?	Yes / No

You are responsible for payment of any fees refused by your insurers so please be aware of what they have agreed to fund. We are happy to help if you need any support or information which will assist with your claim.

Cancellation Policy

A minimum 2 working days' notice is required to cancel any appointment.

If you do not attend your appointment or cancel your therapy session with less than 2 working days' notice you or your funder will be invoiced for the full fee.

How Did You Hear About Us?

I heard about you through:	Please indicate in the box below:
Social Media	
Web Search	
My GP / Other Professional	
A Friend	
I attended an event / exhibition	
Other: please state	