

# Department of Clinical Neuropsychology referral form

Department of Clinical Neuropsychology  
Psychological Medicine at the Oxford Centre for Enablement  
Windmill Road  
Oxford OX3 7HE

Tel: **01865 737365**

Email: [ouh.oceneuropsychology@ouh.nhs.uk](mailto:ouh.oceneuropsychology@ouh.nhs.uk)

If you have immediate concern for the patient’s or patient’s family members’ safety or wellbeing, please first consider referring to the **GP**, **CMHT**, or **Safeguarding**.

## Patient details

Name:

NHS no.:

Job title

Date of birth:

Address:

Postcode:

Telephone:

Date of referral:

## Referrer’s details

Name:

Job title:

Address:

Postcode:

Telephone:

## GP’s details

Name:

Address:

Postcode:

Telephone:

## Family members’ details

If referring family members, please provide details of each person:

Name:

DOB:

NHS no:

GP details (if different from above):

## Reason for referral

Please provide as much information as possible.

## Desired outcomes

## Further questions

Has the patient been asked if they wish to see a psychologist? Yes / No

Do they understand and agree to the referral? Yes/ No

Have they had previous contact with this or any other psychology/counselling service? Yes / No

If ‘Yes’, please give details:

Are there are any difficulties that might prevent the patient attending appointments (e.g. ability to travel)?  
 Yes / No

Please indicate if any of the below are pertinent for the patient you are referring:

**As highlighted above, if there are immediate and significant concerns a referral to CHMT, GP or Safeguarding services should be considered in the first instance.**

q Imminent risk of family breakdown

q Imminent risk of breakdown of employment or educational position

q Safeguarding concerns (adult or child)

q Risk of harm to the patient or others

q Risk of care package / placement breakdown

If any of the above boxes have been ticked, please provide further detailed information below:

## Medical history

Relevant medical history- including date of onset, diagnosis, progression of condition over time (if applicable) and current impact on daily life:

Please attach relevant letters or reports in relation to the above.

Attached? Yes / No

Number of attachments:

## Other contacts / relevant professionals

E.g. Main Carer, Care Manager

Name and position:

Address and postcode:

## Further details

### Department of Clinical Neuropsychology at the Oxford Centre for Enablement (OCE)

[Clinical Neuropsychology referrals - OCE (ouh.nhs.uk)](https://www.ouh.nhs.uk/oce/referrals/neuropsychology/)