**Moreton and Meols PCN- Mental Health Nurse Referral Form**

**Delivered in partnership with Cheshire and Wirral Partnership (CWP)**

**Referral Criteria:**

* **Complex anxiety depression requiring medication advice**
* **Patients previously under the care of CWP who are experiencing further symptoms**
* **Patients who have A&E with mental health problems and not been referred to secondary care**
* **Patients with Dementia diagnosis/ Neurological behavioural difficulties.**

**Exclusion Criteria:**

* **Patients under 18 years of age**
* **First presentation anxiety or depression**

**Referrals must be made via a clinician eg GP, ANP, PA or Practice Nurse**

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| **Patient name:** | **Patient address:** |
| **Contact number:**  **Permission to leave voicemail Y/N**  **Permission to text Y/N** | **DOB:** |
| **Name of referrer:** | **Registered GP surgery:** |
| **Date of referral:** | **NHS number:** |
| **Patient contacted by practice:**  **YES NO** |  |
| **Reason for referral (including any deadlines):** | |
| **Safeguarding/ risk concerns:** | |

Please tick to confirm you have discussed a referral with the client/carer and they understand and give consent for the referral to be made and relevant information to be shared with the PCN and CWP.

**Please send completed referral forms to Lead Mental Health Nurse:** [pcnmoretonandmeols@nhs.net](mailto:pcnmoretonandmeols@nhs.net)

Contact will made with the patient with-in 5 working days from receipt of referral.