**Professional Referral Form**

This form is for health and care professionals making referrals into the NHS Northern Gambling Service on behalf of people with gambling addiction problems.

Once completed, please email securely to [referral.ngs@nhs.net](mailto:referral.ngs@nhs.net)

If you are a member of the public looking for support, please visit our website for more information at [www.leedsandyorkpft.nhs.uk/our-services/northern-gambling-service](http://www.leedsandyorkpft.nhs.uk/our-services/northern-gambling-service)

Version: 0.2

Last updated: 8th August 2021

**Referral Form for Professionals**

**Service user details**

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| NHS Number (if known) |  |
| Home Address |  |
| Contact Number |  |
| Email Address |  |
| GP name, address, and postcode |  |
| Gender  (please highlight) | Male (including trans man)  Female (including trans woman)  Non-binary  Prefer not to state |
| Ethnicity  (please highlight) | White British  White Irish  White European  White: Other  Black, Black British: African  Black, Black British: Caribbean  Black, Black British: Other  Asian, Asian British: Bangladeshi  Asian, Asian British: Indian  Asian, Asian British: Pakistani  Asian, Asian British: Chinese  Asian, Asian British: Other  Mixed: White and Asian  Mixed, White, and Black African  Mixed: White and Black Caribbean  Mixed: Other  Any other ethnic group  Not known  Other (please specify): |

**Referrer details**

|  |  |
| --- | --- |
| Name |  |
| Contact number |  |
| Organisation |  |
| Address |  |
| Post code |  |
| Email address |  |
| Relationship to service user (e.g., General Practitioner, Support Worker) |  |
| Please confirm the service user has consented to referral | Y / N |

|  |
| --- |
| **Reason for Referral** (include gambling-related information) |
|  |

|  |
| --- |
| **Mental Health and Physical Health** |
|  |

|  |
| --- |
| **Risks** (e.g., any risks relating to suicide, self-harm, aggression/violence to others, safeguarding children, domestic violence etc) |
|  |

|  |
| --- |
| **Other related information** (including support needs and other service involvement) |
|  |

**Methods of Communication**

Please ask the service user’s consent to their preferred methods of communication

|  |  |
| --- | --- |
| Communication Method | The service user consents to the following communication method: |
| Email (preferred) |  |
| SMS text |  |
| Telephone |  |
| Post |  |
| Voicemail |  |

The Trust would like your consent to communicate with you via SMS Text Messaging or e-Mail.  
  
This may include appointments reminders, patient surveys, and other communications relevant to you and your care. Messages are generated by an NHS secure service, however they are transmitted over a public network to your personal phone or via the internet to your personal e-mail address, so we cannot guarantee the privacy of the message when it leaves our systems.  
  
If you would like to receive SMS Text Messages or e-Mail, we will record your consent for this and start to communicate with you in this way. You can change your mind at any time – just tell us. Do make sure that if you change your telephone number or e-Mail address, tell us ASAP!  
  
**If you opt into the text service you will receive a 4 day and 1 day appointment reminder prior to your appointment slot.**

Please tick:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**What happens next**

Following referral, the service user will be contacted in order to complete online questionnaires. An initial appointment will be booked upon receipt of their completed questionnaires.

Thank you for completing this form.

Please email it from a secure account to [referral.ngs@nhs.net](mailto:referral.ngs@nhs.net)

If you are having problems with this form or you would like to discuss the referral with us in more detail, please call the NHS Northern Gambling Service on 0300 300 1490.