

**Service user referral form**

**Bipolar Service**

**Tall Trees**

**Uffculme Centre**

**52 Queensbridge Road
Moseley
Birmingham
B13 8QY**

**Tel: 0121 301 3370 Email:** bsmhft.moodontrack@nhs.net

**Rationale for referral:**

An integrated treatment approach to bipolar disorder is widely recognised (NICE) as an effective approach to the management of the condition. Evidence indicates that a combination of CBT informed psychological intervention and medication is the recommendation. In providing group informed CBT intervention and offering relapse prevention, the Mood on Track (MoT) programme adheres to NICE guidelines.

**Delivery of Mood on Track programme:**

We (the bipolar service) are currently offering a choice about how service users access the MoT programme. This can be in person, via face-to-face delivery, or remotely via an online option. Please be aware that wating times may be longer when the preference is to attend in person.

Regarding attending for an assessment appointment, we are currently offering assessments via video, telephone or in person and so please check with your service user how they would like us to get in touch with them to offer the assessment appointment.

**Criteria for referral, either:**

**Individuals with a diagnosis of bipolar disorder (type 1 or 2), cyclothymia or schizoaffective disorder.**

**Individuals whom you suspect may have bipolar disorder (type 1 or 2), cyclothymia or schizoaffective disorder but are not yet diagnosed.**

**How to refer:**

Referrals can be made by email to bsmhft.moodontrack@nhs.net or post. Please ensure that the following are up to date and available on RIO:

* Assessment
* Risk assessment

**Please note: Service users need to remain under the care of a CMHT whilst they undertake the Mood on Track intervention; care co-ordination and medical responsibility remain with the referring team.**

**Reason for referral:-**

**REFERRER’S DETAILS**

**Referral made by:**

**Name:** ………………………………………………………………..

**Job title**:…………………………………………………..……

**Team:** …………………………………………………………………

**Contact number**……………………………………….

**Date of referral**………………………………….……….……...

**Is the service user aware of referral?**

YES/NO

**Is the service user any of the following?**

Perinatal: YES/NO

Veteran: YES/NO

NHS Staff: YES/NO

***Please be aware that if the service user is not aware and in agreement with this referral we will not be able to accept the referral.***

**SERVICE USER’S DETAILS:**

**Name of person being referred:**

………………………………………………………………………

**RIO no**: ………………………………………………………….

**Care coordinator:** ………………………………………….

**Team:** …………………………………………………………...

**Telephone:……**………..……………………………………

**Email:** …………………….……………………………………

We are currently offering all initial assessment appointments by **video**. If the service user is ***Unable*** to attend via video due to technical issues or clinical issues and would like a face-to-face appointment or telephone appointment this can be arranged, please tick below:

Face to Face

Telephone 