## Birmingham National Deaf Services

## Birmingham and Solihull Mental Health Foundation Trust

## Referral Form

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**We are not a crisis service:**

**Emails will only be picked up between the hours of 9:00am–5:00pm Monday–Friday**

**Please email this form to our generic referral inbox:** bsmhft.deafservices@nhs.net

**If you have an urgent problem, you can:​Contact your GP or mental health key worker Go to hospital A+E**

**NHS Helpline: Ring: 111, www.111.nhs.uk or text 18001 111**

**or** [https://signvideo.co.uk/nhs111/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsignvideo.co.uk%2Fnhs111%2F&data=05%7C02%7Cjackie.robinson13%40nhs.net%7Cec0c811f8fda46377f1108dca2480343%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638563677380030134%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=lyqiJ%2FIpqtkkYPHz6ESDKUyeyPI8q7%2FB0iit%2BGsOVLE%3D&reserved=0)’ **Website** [www.bsmhft.nhs.uk](http://www.bsmhft.nhs.uk)

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| **PATIENT INFORMATION** |
| **Name:** | **Religion:** |
| **DOB:** | **Ethnic origin:** |
| **Gender:** | **Disabled: Yes / No** |
| **Marital status:** | **Nature of Disability:** |
| **Address:****Post Code:** | **Residency status:****ie home owner/supported accommodation/hospital/registered care home****Current placement:** |
| **GP details:** |
|  |
| **Post Code:** |
| **GP phone:** |  |
| Please ask your client what their communication preferences are:BSL interpreter                                          LipspeakerSpeech and lipreading                              Other sign language interpreter (e.g. ASL)Is a Deaf relay interpreter or other communication adaptation required Yes/No |
| **Language:** | **Employment status:** |
| **NI No:** | **Settled accommodation Yes / No:** |
| **NHS No:** | **Smoker: Yes / No** |
| **MHA section or other detention order:** | **Suspicion of unrecognised dementia: Yes /No** |
| **Diagnosis:** |
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| **REFERRER INFORMATION** |
| **Name:** | **Job title:** |
| **Organisation:** |
| **Address:** |
| **Tel No.** |

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| **CONSULTANT DETAILS** |
| **Doctor:** |
| **Address:** |
| **Email / telephone;** |

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| **SECONDARY MENTAL HEALTH TEAM** |
| **Name:** | **Job title:** |
| **Address:** |
| **Email / telephone:**  |

**\***‘**Please note as a tertiary service, appropriate Mental Health Practitioner from the CMHT is required for the referral to be processed and for the duration of any input provided.’\***

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| **REASON FOR REFERRAL** |
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**Contacting us:**

**Birmingham National Deaf Services**

**Barberry Centre**

**25 Vincent Drive**

**Edgbaston**

**Birmingham**

**B15 2SJ**

**Telephone**

**Referral queries: 0121301 ext 2454/2509**

**Reception: 01213012002**

**For further service information and resources please access our website::** <https://www.bsmhft.nhs.uk/our-services/specialist-services/deaf-mental-health-services/>