Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Access to Psychological Services Ireland

Primary Care Centre
Golf Links Road
Roscommon
Tel: 090 666 5020
Email: martina.hughes@hse.ie

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REFERRAL FORM **Please complete all sections of this form**			
DETAILS OF PERSON BEING REFERRED			
Name		Date of birth	____/____/____
Address			
Gender		GMS No. (IF APL.)	
Phone No. Landline		Mobile	
Does this person have special needs? (e.g., requires wheelchair access)			
REFERRER DETAILS			
Referrer name			
Professional title			
Address of referrer			
Telephone/Mobile No.		Fax no.	
Signature: ______________________________ Date: _____/_____/_____			
GP DETAILS (if different from above)			
Name of GP			
Address of GP			
REASON FOR REFERRAL			
Please describe the mental health difficulties this person is currently experiencing, the severity of these difficulties, and any current or recent stressful life events:			

RISK ASSESMENT (please ensure completion)					
	Yes	No		Yes	No
Current suicidal ideation	☐	☐	Deliberate self-harm	☐	☐
Active risk of suicide	☐	☐	Risk of violence	☐	☐
Previous psychiatric hospitalisation	☐	☐	Current self-neglect	☐	☐
Psychiatric hospitalisation in last 3/12	☐	☐	Suicide attempt in last 3/12	☐	☐
Previous suicide attempt	☐	☐	If yes, number of attempts:		

If urgent care is needed in relation to risk, please phone the secondary care mental health service on 090 663 2325 (24 hrs), or refer to the Adult Mental Health service at Roscommon Hospital.

MENTAL HEALTH TREATMENT

Is this person currently receiving treatment from another mental health service or have they been referred to another mental health service? If so, please specify:

Is this person being treated with medication for their mental health difficulties? If so, please specify:

MEDICAL INFORMATION

Is this person experiencing any significant medical problem that may impact their treatment with our service? If so, please specify (including medication):

REQUESTED TREATMENT

Counselling ☐ Therapist-assisted Psychoeducation ☐ Computerised CBT ☐

Psychoeducational Group Workshop ☐ Brief CBT ☐

SERVICE AREA

Service User lives nearest to:

Athlone ☐ Ballaghaderreen ☐ Boyle ☐ Castlerea ☐ Roscommon ☐ Strokestown ☐