**The National Cleft Surgical Service for Scotland**



Cleft Clinical Psychology – Referral Form

Dr Rebecca Crawford, Consultant Clinical Psychologist

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Ms Gillian Allison, Secretary

Contact/Enquiries**:** [gg-uhb.CleftPsychologyScotland@nhs.net](mailto:gg-uhb.CleftPsychologyScotland@nhs.net) or **0141 451 6730**

***\*\*General guidance- Please read before making a referral\*\****

*Appropriate referrals*

✔ The Cleft Clinical Psychology service provide specialist support (and accept referrals) for individuals and/or families withpsychological concerns directly related to cleft/velopharyngeal insufficiency (VPI) or its treatment. For example: coping with diagnosis; dealing with reactions; anxiety about appearance/speech; worry/decisions about treatment.

✔ In some cases, a referral may be appropriate to determine the possible relevance of cleft/VPI. For example: low self-esteem; social anxiety; mild-moderate mood/behavioural problems.

✘ We do not provide support (or accept referrals) for issues known to be unrelated to cleft/VPI. For example: assessment of cognitive ability; diagnosis of autism/ADHD; coping with physical difficulties other than cleft/VPI. In such cases, appropriate local services should be discussed with the GP and/or attached Paediatrician or Consultant.

✘ We do not provide support (or accept referrals) for severe/acute mental health problems or significant personal risk (i.e. harm to self or others). In such cases, the appropriate local services should be discussed with the GP. Where such issues coexist with cleft/VPI related issues, we may be able to offer support for these only once satisfied these more global concerns are being/have been appropriately managed.

*Making a referral*

This electronic referral form is the preferred basis by which Cleft Clinical Psychology referrals are documented and actioned. Referrals can also be made by phone by calling the secretary on the number above and providing the information requested.

Please do not attempt to refer by any other route (i.e. emailing/writing to a clinician). Such communications will not be accepted as referrals due to the issue of insufficient and/or inconsistent information.

Please use this form to request an individual psychology appointment (for a patient or family member), a case discussion, or psychology attendance at the time of a particular MDT clinic (or other) appointment or an initial assessment for returning adults. This lets us log all input required.

*Completed Referrals*

1. All referrals received will be added to the Cleft Clinical Psychology waiting list
2. All patients referred for/requesting an appointment will be sent an opt-in letter asking them to confirm their interest in an appointment. Patients/families who do not respond to opt-in within 2 weeks will be removed from the waiting list.
3. The Clinical Psychologists will review the waiting list on a weekly basis, allocating cases based on date received, time sensitivity and capacity. Referrals deemed inappropriate will be returned to the referrer with accompanying explanation.
4. Once a case has been allocated, the Clinical Psychologists will contact the referrer where appropriate to communicate any relevant activity (i.e. beginning and end of appointments).

**The National Cleft Surgical Service for Scotland**



Cleft Clinical Psychology – Referral Form

**Please complete this form and email to** [gg-uhb.CleftPsychologyScotland@nhs.net](mailto:gg-uhb.CleftPsychologyScotland@nhs.net)

Should you wish to discuss a referral before submitting, please contact us on

**0141 451 6730** or [gg-uhb.CleftPsychologyScotland@nhs.net](mailto:gg-uhb.CleftPsychologyScotland@nhs.net)

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| --- | --- |
| **Patient Details** | |
| CHI |  |
| Name of patient |  |
| Date of birth (dd/mm/yy) |  |
| Gender |  |
| Type of cleft |  |
| Local clinic (i.e. Aberdeen) |  |
| If translated letters/interpreter required, please state language |  |
| **Referral Details** | |
| Input requested (please choose one - delete as appropriate) | Psychology appointment\*  Psychology appointment tied to upcoming event (i.e. surgery, school)\*  Psychology attendance at specific MDT clinic/appointment  Initial assessment (adult returning for new episode of MDT care)  Case discussion only |
| Reason for referral (brief description of case/difficulties) |  |
| Additional relevant information (i.e. known mental health input) |  |
| Time sensitivity (i.e. dates of relevant upcoming events/ visits/ surgery/urgency\*\*) |  |
| Has patient (if 16+) /  family (if under 16) consented to referral?\* (delete as appropriate) | Yes- Patient has consented  Yes- Family has consented  No- Referral not discussed  No- Referral refused |
| **Referrer Details** | |
| Your name and designation |  |
| Work address |  |
| Phone |  |
| Email |  |

\*Please note that unless a referral has been discussed with and consented to by a patient/family, we will **not** contact them to offer an appointment. However, we may still be able to offer psychological input via attending an MDT clinic or discussing a case with you.

\*\*Please note that we do not provide support (or accept referrals) for severe/acute mental health problems or significant personal risk (i.e. harm to self or others). In such cases, the appropriate local services should be discussed with the GP. Where such issues coexist with cleft/VPI related issues, we may be able to offer support for these only once satisfied these more global concerns are being/have been appropriately managed.