

The National Cleft Surgical Service for Scotland Cleft Clinical Psychology – Referral Form



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Contact/Enquiries: ggc.CleftPsychologyScotland@nhs.scot or 0141 451 6730 (Secretary)

****General guidance for referrals- Please read before making a referral****

Appropriate referrals

- ✓ The Cleft Clinical Psychology service provide specialist support (and accept referrals) for individuals and/or families with psychological concerns directly related to cleft/velopharyngeal insufficiency (VPI) or its treatment. For example: worry/decisions about treatment; coping with diagnosis; confidence; challenging social situations; distress/frustration around appearance/speech.
- ✓ In some cases, a referral may be appropriate to determine the possible relevance of cleft/VPI i.e. mild-moderate mood/social/behavioural difficulties that may or may not be cleft/VPI related
- ✓ We also hold initial assessment appointments for adult patients (>15 years old) who would like to discuss potential new/further input(s) from the Cleft Team, in order to discuss the services currently available in the team, and refer on to the members of the team best placed to meet any concerns.
- ✗ We do not accept referrals for issues known to be unrelated to cleft/VPI. For example: cognitive assessments; diagnosis of autism/ADHD; coping with other physical conditions. In such cases, appropriate local services should be discussed with the GP and/or attached Paediatrician/Consultant.
- ✗ We do not 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- information for staff

This referral form is the preferred basis by which Cleft Clinical Psychology referrals are documented and actioned. However, 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. In this event, you will be asked to complete a referral by form/phone.

This form can be used to request an individual psychology appointment (for a patient or family member), a case discussion, psychology attendance at the time of a particular MDT clinic (or other) appointment or an initial assessment for returning adults.

Completed Referrals

1. All referrals received will be added to the Cleft Clinical Psychology waiting list. Referrals deemed inappropriate will be returned to the referrer with accompanying explanation.
2. All patients referred for/requesting an individual psychology appointment will be sent an 'opt in' letter asking them to confirm their interest. Those who do not opt in within 1 month will be removed from the waiting list. Adult patients referred for initial assessment appointments do not need to opt in and will be sent an appointment date along with information on this appointment.
3. Once a patient has been seen, the Clinical Psychologists will contact the referrer where applicable/appropriate to communicate relevant activity (i.e. beginning and end of appointments).

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Cleft Clinical Psychology – Referral Form



Please complete this form and email to gqc.CleftPsychologyScotland@nhs.scot

Should you wish to discuss before submitting, please call **0141 451 6730** or email the above.

Patient Details	
Date of referral	
CHI (if known: staff <u>must</u> include)	
Name of patient	
Date of birth (DD/MM/YYYY)	
Gender	
Type of cleft (if known)	
Local clinic (i.e. Aberdeen)	
Interpreter needed? (Language)	
Referral Details	
Input requested (please choose one - delete as appropriate)	<u>Psychology appointment</u> *
	<u>Psychology appointment</u> tied to upcoming event (i.e. surgery, school)*
	<u>Psychology attendance</u> at upcoming clinic/appointment
	<u>Case discussion</u> only
	<u>Initial assessment appointment (Adult)</u> to discuss new input from team
Reason for referral (brief description of case/difficulties)	
Additional relevant information (i.e. other mental health input)	
Time sensitivity (i.e. dates of relevant events/visits/surgery/urgency**)	
Has patient (if 16+) / family (if under 16) consented to referral?* (delete as appropriate)	<u>Yes</u> - Patient has consented
	<u>Yes</u> - Family has consented
	<u>No</u> - Referral not discussed
	<u>No</u> - Referral refused
Referrer Details	
Your name	
Role/relation to patient (if applies)	
Address (work address if staff)	
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.