and/or

and

acute mental health risk or crisis

complete form & email to

[**imperial.psycho-oncology@nhs.net**](mailto:imperial.psycho-oncology@nhs.net?subject=request)

020 331 **21658**

**Outpatients**

We contact the person & offer a choice of initial appointments:

we hold OP clinics on all sites and do our best to accommodate patient treatment schedules.

All requests reviewed within a working day

**Inpatients**

We attend wards on all sites,

typically within 1-3 days.

**Specialist consultation**

email or call psy-onc to discuss and plan care

**Psycho-Oncology – Pathway Process**

**Liaison Psychiatry**

SMH – 020 7886 6387

CXH – 020 3311 7220 (blp 5159)

HH – 020 8383 3036 (blp 5158)

latest form and info at:

[**https://www.imperial.nhs.uk/our-services/cancer-services/psycho-oncology**](https://www.imperial.nhs.uk/our-services/cancer-services/psycho-oncology)

Any staff identifies concerns about psychological wellbeing of patients (e.g. mood, anxiety) or psychological factors adversely influencing cancer treatment (e.g. adherence)

Discuss these concerns sensitively, and signpost to support resources, e.g. Macmillan, Maggie’s

**Specialist referral is indicated..**

..when there is persistent distress or treatment issues, and evidence of vulnerabilities (e.g. mental health history, limited social support etc)

we offer feedback, e.g. via Cerner



**Involve CNS**

to review and consider psychological assessment

guidance & resources available at: **S:\Cancer Services\PSYCHOLOGY**

**Psycho-oncology Team at Imperial – Referral Form**

Please complete in full, email to [imperial.psycho-oncology@nhs.net](mailto:imperial.psycho-oncology@nhs.net?subject=referral) and you will receive an auto-reply confirmation.

|  |  |  |
| --- | --- | --- |
| **Advice & Consultation** – we will contact you directly to discuss | | |
| **Inpatient** – currently at | site: Choose an item. | ward: Click here to enter text. |
| **Outpatient** – for a patient or carer who can attend hospital as day patient or outpatient | | |

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| --- |
| Tick here for **carer/family** referrals - give full patient details, carer name and contact |

|  |
| --- |
| Tick to confirm the referral has been discussed with the patient/carer , who expects our contact |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | **NHS No**: Click here to enter text. | | | |
| Surname: Click here to enter text. | | | | | Forename: Click here to enter text. | | | |
| DOB: Click here to enter text. | | Ethnicity: Click here to enter text. | | | | | Sex: Click here to enter text. | |
| interpreting or mobility needs? Click here to enter text. | | | | | | | | |
| Address: Click here to enter text. | | | | | | | Postcode: Click here to enter text. | |
| Email: Click here to enter text. | | | | Tel: Click here to enter text. | | | Mobile: Click here to enter text. | |
| Diagnosis: Click here to enter text. | | | | | | | Cancer MDT: Choose an item. | |
| Stage: | Early/Diagnostics | | In Treatment | | | EOT/Remission | | Advanced/Palliative |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referral Indications** | | Please describe your concerns, and give evidence of complexities/ vulnerabilities: | | | | |
| Click here to enter text. | | | | | | |
|  | risk concerns (e.g. self-harm) | |  | time-critical cancer test/treatment |  | significant mental health history |
|  | major life stressors or social issues | |  | limited social support |  | drug/alcohol misuse |
| Screening scores (e.g. HNA-DT, GAD/PHQ etc): Click here to enter text. | | | | | | |

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| **Referrer Details** | Contact: Click here to enter text. |
| Name: Click here to enter text. | Role: Click here to enter text. |

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| **Web** | **www.imperial.nhs.uk/our-services/cancer-services/psycho-oncology** |
| **Phone** | **020 3312 1658** |
| **Network** | **S:\Cancer Services\PSYCHOLOGY** |