



## Guided Self Help Referral

Due to current restrictions, we can only receive referral to the service **by email**. In order for us to progress your referral, **please ensure that you include either an email or phone number for the person you are referring.**

Please return your referral to: **lothian.midlothiangsh@nhs.net**

Referrer Details	Person being Referred
Name:	Name:
Team:	<b>Email:</b>
<b>Email:</b>	<b>Phone no:</b>
Persons GP	Address:
Date of referral	Date of birth:

### Guided Self Help is not an appropriate service for people who:

- Have made plans to act on thoughts of suicide in the past 6 months
- Are currently using substances
- Have longstanding mental health difficulties such as schizophrenia, or PTSD
- Have relationship issues as their primary presenting problem

<b>Why are you making this referral? What are the person's presenting issues?</b>	
<b>What outcomes are the person seeking from accessing Guided Self Help?</b>	
<b>Guided Self Help relies on people using the service being motivated to complete workbooks between sessions.</b> Is the person you are referring motivated/ able to undertake this work?	
<b>Does the person you are referring have any additional needs we should be aware of?</b> e.g. hearing, literacy, translation, mobility	
<b>Depression</b> PHQ9/HADS score:	<b>Anxiety</b> GAD7/HADS score:
GSH is an appropriate service for people scoring 15 or under in this measure	GSH is an appropriate service for people scoring 15 or under in this measure

Next Steps: Once you have emailed this referral, we will contact the person directly by either email or phone and give them their options going forward.