

# The Anglo-European Clinic

*Private Psychiatric Assessment/Treatment & Psychotherapy*

**Referral Form****FAX TO: Prittlewell House****FAX NO: 01702 711787**

Email: info@anglo-europeanclinic.co.uk

**Dr Lars Davidsson****Consultant Psychiatrist, MRCPsych**

Prittlewell House

30 East Street, Southend on Sea

ESSEX SS2 6LH

**Referral for:**

Psychiatric/Psychotherapeutic assessment & treatment	
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**Referring GP/Solicitor/Self Referral**

Name	
Practice Address	

**Patient:**

Name:			
Address:			
Telephone:		Interpreter required?(language)	
Mobile:		Consent to contact patient directly?	YES/NO
If you do not wish us to contact patient directly please supply alternate details on the next sheet:			

**Purpose for referral is: Opinion and Management Plan** (GP willing to continue managing the patient?)

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**Main presenting problems:**

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**Past Psychiatric History and previous psychiatric treatment**

1. Previous medication

2. previous psychotherapy & counselling

**Past medical history:**

**Current medications:**

Is the patient Privately Insured registered? YES/NO

Which Company?.....

**More information needed:**

**Require Literature to be sent to client**

**Call back required by GP/professional**

**Call back required by client**

Literature will be sent out to the address stated on the front sheet unless otherwise stated below. Please provide alternate contact details if necessary. Calls by Dr. Davidsson or the team will be made to the phone number on the top sheet unless otherwise stated below:

**Alternate contact details (supply any alternate contact details if necessary)**

Phone:

Alternate contact details notes:

Best time to call: Daytimes  Evenings  Weekends

**Data Protection:** We respect your privacy. All client details provided are kept securely and are only used for referral and treatment purposes. We do not share any information with third parties without seeking your consent.