

THE TEMPLATE SO FAR

REFER TO CHAPLAIN

- YES

Reasons for Referral

- A
- B
- C
- D
- OTHER



- Free text box

- NO

REFERRED BY?

- SELF
- PRINCIPAL GP (does this include partner and salaried or just partner?)
- GP REGISTRAR
- OTHER GP (ie. Locum)
- PRACTICE NURSE
- DISTRICT NURSE
- HEALTH VISITOR
- MENTAL HEALTH WORKER
- OTHER



- Free text box

RELIGIOUS GROUP (with picking list taken from ethnicity form-would allow comparison with hospital lists etc.)

PERSONAL FAITH?

- YES



- Free text box

- NO

SEEN BY CHAPLAIN? Y/N (would register attendance and enter date)

INTERVENTION A Y/N

INTERVENTION B Y/N

Etc up to... (picking list does not allow choosing more than one option so each intervention listed separately)

OTHER INTEVENTION



- Free text box

OUTCOME

- AGREED CLOSURE
- FURTHER REFERRAL



- Picking list eg. Church/mosque/mental health worker/back to GP +???

- DNA

USEFULNESS (0-5 scale on form handed to patient at last session with pt name, to be put in chaplain's tray)