Criteria for referral letter GP

The GP's referral letter must meet the following criteria:

-the referral includes the name, function, AGB code, address and telephone number of the referrer/care institution;

-the referral carries a signature and/or a practice stamp;

-the referral is dated up to 9 months before treatment commences and at the latest on the date treatment commences (i.e. the date of the first direct or indirect patient-related contact);

-the referral is addressed to iMindU or it is a general referral for specialist mental healthcare (SGGZ); iMindU provides SGGZ.

-the referral includes the patient's BSN number, name, address, date of birth, insurance details and telephone number;

-the referral must provide reasons for choosing specialist mental healthcare using the 5 nationally established criteria (Referral Model / HHM Report): suspected DSM-named disorder; seriousness of the problem; risk; complexity; history of complaints.

If you have any questions about the requirements for the referral letter, please do not hesitate to contact us.

The GP can use the NHG's template referral letter for SGGZ: see the website of the NHG.

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Model GGZ referral letter

By filling in the elements below <…> per patient, you draw up a referral letter for further diagnosis and treatment.

<Address details GP practice>

Subject: GP referral for mental healthcare (GGZ)
Date: <fill in*>

Dear <Mr/Ms> <name>/colleague>,

One of my patients has, or is suspected of having, a DSM-specified mental disorder. By way of this referral letter, I would like to ask you to initiate further diagnostics and treatment.

Patient's personal details
<Name>
<Date of birth>
<Address>
<Postal code>
<Town or city>
<BSN>
<Health insurance>

The referral concerns: <tick>.

O   Generalist basic GGZ
      Explanation: Patients with mild to moderate problems.

O   Specialised GGZ
      Explanation: Patients with high-risk and/or complex disorders.

Issue, reason for referral
1.   Patient's complaint or help requirement:
      <In brief, in the context of this consultation.>

2.   (Suspicion of) DSM-specified mental disorder:
           <Description of (the suspicion of) a mental disorder. **>
3.   Medical history:
      <Type, origin, duration, history of the complaint, recent treatment and effect, in chronological
      order. Psychosocial circumstances. Specify whether this medical history was provided by someone
      other than the patient.>

4.   Psychiatric prior history, family history, psychosocial circumstances: (as shown in the attachment)
<If applicable, please specify>.

5.   Relevant comorbidity: <Specify the somatic problem.>

6.   Suicidality:
<Specify any past suicidality>.

7.   Risky behaviour:
<Specify, if known. Describe your findings. Include addictive behaviour such as gambling.>
Patient details

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8. Strategy:
< Specify the treatment or medication you have initiated (or stopped) at the time of sending the message and the checks you will perform.>

9. Allergy, intolerance:
<If applicable, please specify>.

10. Discussed with the patient:
<Describe how your treatment has been discussed with the patient. Include any previous advice you have given and/or preparation by the POH-GGZ. Specify as literally as possible what has been discussed with the patient and whether an information leaflet (thuisarts.nl) about a condition or therapy has been provided.>

11. Also known by:
<Fill in healthcare providers who are treating or have treated the patient>

Proposal for procedure
<Proposal for cooperation: indicate how you would like to remain involved.>

Kind regards,

<Name and function referrer***>

<AGB code referrer>

<Signature of referrer and/or practice stamp>

Explanation of elements in referral letter * This may not be more than six months before the first date of treatment.
** The NHG standards and guidelines are leading here. The GP does not have to classify the disorder according to DSM; this is a task for the generalist basic GGZ or the specialised GGZ. A description of the disorder or suspected disorder is therefore sufficient. As far as reimbursement is concerned, only patients with a suspected or diagnosed DSM disorder, such as depression, an anxiety disorder or psychosis, can be treated in the GGZ covered by insurance. An exception to this is an adjustment disorder; GGZ treatment of this DSM disorder is not reimbursed. Patients without a diagnosed or suspected DSM disorder, for instance relationship problems, can be treated in a GP practice or at their own expense in the GGZ.

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*** The POH-GGZ cannot refer patients themselves; only the GP can refer. However, the POH-GGZ can prepare the referral.

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