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| Self Referral Form |
| Which service you would like to access? |  |
| Your Details: |
| Name: |  | Date of Birth: | DD / MM / YYYY |
| Address: |  | Male  | □ |
| Female | □ |
| Post Code: |  |  |
| NHS Number: |   | You will find you NHS number on:* a medical card
* a letter from your GP or a hospital
* a printed prescription
 |
| How we contact you? |
| Landline Number: |  | We will try to contact you by telephone unless otherwise advised. If possible, please provide a mobile number in addition to a landline. |
| Mobile Number: |  |
| Email Address: |  |
| Please tick (a), (b), (c) if you do not give permission. | 1. leave a message with someone answering my phone
 | □ |
| 1. leave a message on my answering machine
 | □  |
| 1. send reminders via text message to your mobile
 | □ |
| 1. send reminders via email
 | □ |
| Your GP’s Details |  |
| GP Name: |  | To find your GP address go to <http://www.nhs.uk/service-search> |
| Practice Address: |  |
| Postcode: |  |
| Practice Tel No: |  |
| We are required to notify your GP that you are accessing our service. Please provide permission for us to write to your GP with this information. Please note that if you do not give permission we are unable to offer you this service. | I give Self Help permission to contact my GP.  |
| Yes  | □  |
| No  | □ |

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| About You |
| Why do you wish to access to this service? | *Please give details.* |
| Have you had a mental health diagnosis from a GP, psychiatrist or other health professional? | Yes  | □  | *If yes, please give details.* |
| No  | □  |
|  |  |
| Are you currently receiving therapy or seeing health care professional? | Yes  | □  | *If yes, please give details.* |
| No  | □  |
|  |  |
| Are you currently taking medication prescribed by a doctor? | Yes  | □  | *If yes, please give details.* |
| No  | □  |
|  |  |
| Have you had thoughts of suicide in the last month, which you have wanted to act upon? | Yes  | □  | *If yes, please give details.* |
| No  | □  |
|  |  |
| Do you take non-prescribed drugs? | Yes  | □  | *If yes, please give details.* |
| No  | □  |
|  |  |
| Have you been involved with the criminal justice system? | Yes  | □  | *If yes, please give details.* |
| No  | □  |
|  |  |
| Have you served in the Armed Forces? | Yes  | □  |  |
| No  | □  |
| Are you currently pregnant or had a baby in the last 18 months? | Yes  | □  |  |
| No  | □  |

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| Do you receive regular home visits from your GP? | Yes  | □  |  |
| No  | □  |
| Where did you hear about the service? | *Please give details.* |

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| Please outline any specific needs which we may have to be aware of: |
| Need | Details: |
| Language |  |
| Cultural |  |
| Access |  |
| Travel |  |
| Disability |  |
| Other? |  |

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| Return this form to: |
| By Post | The Stockport Psychological Wellbeing Service “The Studios”Brookfield House193-195 Wellington Road SouthStockport. SK2 6NG |
|  | If you want help accessing our services or wish to cancel an appointment please contact the office between 9:00am – 5:00pm. |
| By telephone: | 0161 480 2020 |
| By fax | 0161 667 4190 |