MIND IN BEXLEY

mind in Bexley

240A Broadway, Bexleyheath, DA6 8AS
T: 0208 303 5816
bexccg.mind@nhs.net

www.mindinbexley.org.uk

IAPT CBT and Counselling Service

(Incomplete forms will be returned)

Client / Patient name

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Full address Including Postcode:

Landline

Mobile

Permssion to leave a message ☐ Landline ☐ Mobile

DATE OF BIRTH

NHS Number :

Email:

GENDER ☐ Male ☐ Female

Reason for referral

Current relevant i.e. (Psychotropic) Medications:

Client preference ☐ Counselling ☐ CBT

Psychological/social support needs:

☐ Depression ☐ GAD ☐ Panic Disorder ☐ Social Phobia ☐ PTSD ☐ OCD ☐ Employment ☐ Leisure/Soical

☐ LTC (Long term health Condition) ☐ Health/Lifestyle ☐ Financial/Benefits/Debt ☐ MUS (Medically unexplained symptoms)

Other

Does the client/patient have any additional needs?

☐ Sensory ☐ Language ☐ Mobility

If yes to any of above, please specify

Has the client/patient agreed to the referral?

☐ Yes ☐ No

PHQ 9 Score GAD 9 Score

Phobia Scales Score

These are required to assist allocation to the correct intervention and <u>must</u> be completed and attached (we are unable to process without these documents)

Risk History: (if yes please provide details)*

☐ Yes ☐ No

☐ Self Harm ☐ Harm to others ☐ Suicidal thoughts/intentions

**** this service is <u>not suitable</u> for patients with: active suicidal ideas; a current diagnosis of psychosis, personality disorder or organic mental disorder; alcohol and/or drug dependence***

GP/Professional name

Surgery/direct number

Email

Addresss and Postcode

Signature...

DATE

This referral is for the Mind in Bexley Primary Care Level CBT and Counselling Service. Once referred, the patient will be assessed and given the most appropriate level of support (either Counselling, step 2 Guided Self-help CBT or step 3 one to one CBT).

P2 - Local Patient\t Identifier | | DATE |

PHQ 9

Over the <u>last 2 weeks</u> how often have you been bothered by any of the following problems?	**Not at all**	**Several Days**	**More than half the days**	**Nearly every day**
1 Little interest or pleasure in doing things	☐ **0**	☐ **1**	☐ **2**	☐ **3**
2 Feeling down, depressed or hopeless	☐ **0**	☐ **1**	☐ **2**	☐ **3**
3 Trouble falling, staying asleep or sleeping too much	☐ **0**	☐ **1**	☐ **2**	☐ **3**
4 Feeling tired or having little energy	☐ **0**	☐ **1**	☐ **2**	☐ **3**
5 Poor appetite or overeating	☐ **0**	☐ **1**	☐ **2**	☐ **3**
6 Feeling bad about yourself - or that you are a failure or have let yourself or your family down	☐ **0**	☐ **1**	☐ **2**	☐ **3**
7 Trouble concentrating on things, such as reading the newspaper or watching television	☐ **0**	☐ **1**	☐ **2**	☐ **3**
8 Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	☐ **0**	☐ **1**	☐ **2**	☐ **3**
9 Thoughts that you would be better off dead or of hurting yourself in some way	☐ **0**	☐ **1**	☐ **2**	☐ **3**

Total PHQ9 Score =

GAD 7

Over the <u>last 2 weeks</u> how often have you been bothered by any of the following problems?	**Not at all**	**Several Days**	**More than half the days**	**Nearly every day**
1 Feeling nervous, anxious or on edge	☐ **0**	☐ **1**	☐ **2**	☐ **3**
2 Not being able to stop or control worrying	☐ **0**	☐ **1**	☐ **2**	☐ **3**
3 Worrying too much about different things	☐ **0**	☐ **1**	☐ **2**	☐ **3**
4 Trouble relaxing	☐ **0**	☐ **1**	☐ **2**	☐ **3**
5 Being so restless that it is hard to sit still	☐ **0**	☐ **1**	☐ **2**	☐ **3**
6 Becoming easily annoyed or irritable	☐ **0**	☐ **1**	☐ **2**	☐ **3**
7 Feeling afraid as if something awful might happen	☐ **0**	☐ **1**	☐ **2**	☐ **3**

Total GAD7 Score =

Choose a number from the scale below to show how much you would avoid each of the situations or objects listed below. Then write the number in the box opposite the situation.

0	1	2	3	4	5	6	7	8
Would not avoid it		**Slightly avoid it**		**Definitely avoid it**		**Markedly avoid it**		**Always Avoid it**

A17 Social situations due to a fear of being embarrassed or making a fool of myself

A18 Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)

A19 Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying).

IAPT EMPLOYMENT STATUS QUESTIONS

A14 - Please indicate which of the following options best describes your current status:

Employed full-time (30 hours or more per week)	☐	Full-time student	☐
Employed part-time	☐	Retired	☐
Unemployed	☐	Full-time homemaker or carer	☐

A15 - Are you currently receiving Statutory Sick Pay? YES ☐ NO ☐

A16 - Are you currently receiving Job Seekers Allowance, Income support or Incapacity benefit? YES ☐ NO ☐

Work and Social Adjustment

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

1. **WORK** -if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable) **Score** ☐

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely - I cannot work

2. **HOME MANAGEMENT** - Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc **Score** ☐

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severly

3. **SOCIAL LEISURE ACTIVITIES** - With other people, e.g. parties, pubs, outings, entertaining etc. **Score** ☐

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severly

4. **PRIVATE LEISURE ACTIVITIES** - Done alone, e.g. reading, gardening, sewing, hobbies, walking etc. **Score** ☐

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severly

5. **FAMILY AND RELATIONSHIPS** - Form and maintain close relationships with others including the people that I live with **Score** ☐

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severly

A13 - W&SAS total score ☐

Are you taking medication for your anxiety and/or depression? YES ☐ NO ☐