MIND IN BEXLEY IAPT SERVICE

Print Form

www.mindinbexley.org.uk

THIS FORM IS FOR SELF REFERRALS and ASSISTED SELF REFERRALS ONLY.
ALL SECTIONS MUST BE COMPLETED

An assisted self referral is where you are helped to refer yourself to the service by someone who is not a Health Professional e.g an Adviser at Job Centre Plus, Personnel Adviser or Manager at your place of work, your Parish Priest. etc.

Your name

DATE OF BIRTH

GENDER ☐ Male ☐ Female

Addresss and Postcode

NHS Number *

Additional Needs (language, sensory, mobile etc)

Landline Phone

Can we leave a message for you on this phone ☐ Yes ☐ No

Mobile Phone

Email

Can we leave a message for you on this phone? ☐ Yes ☐ No

Can we contact you via email? ☐ Yes ☐ No

Ethnicity ☐ White ☐ Mixed Ethnicity ☐ Asian / Asian British ☐ Black / Black British ☐ Other ☐ Not Stated

DETAIL OF PERSON ASSISTING YOU (if applicable)

Assister's name

Job / Role

Addresss and Postcode

Working hours

Signature

Landline Phone

Would you like your Assister to be kept informed about your referral and your progress.

Mobile Phone

☐ Yes, please keep my Assister informed

☐ No, I only want their help completing the form

In order to be eligible for the service you must be registered with a GP in the Bexley Borough. Your GP will be informed if we have any concerns. By agreeing to receive this service you are consenting to us informing your GP if we have any concerns. Please give us the name of your GP and the surgery details

GP NAME

Surgery

Addresss and Postcode

Phone

* This can be found on letters from your GP or hospital

Please answer the following questions

Psychological/social support needs- Please tick all the boxes that you think you need support for or help with

- ☐ Panic Disorder
- ☐ Obsessive Compulsive Disorder (OCD)
- ☐ Post Traumatic Stess Disorder (PTSD)
- ☐ Depression
- ☐ Employment
- ☐ Health/Lifestyle
- ☐ General Anxiety Disorder (GAD)
- ☐ Leisure/Soical
- ☐ Social Phobia
- ☐ Financial/Benefits/Debts
- ☐ Long term health condition

Please tell us briefly why you are referring yourself to Being Well in Bexley

If you are taking any medication for your mental health please tell us what you are taking

Over the last 2 weeks how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Feeling down, depressed, or hopeless	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Trouble falling or staying asleep, or sleeping too much	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Feeling tired or having little energy	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Poor appetite or overeating	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Feeling bad about yourself -- or that you are a failure or have let yourself or your family down	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Trouble concentrating on things, such as reading the newspaper or watching television	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
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	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Thoughts that you would be better off dead or of hurting yourself in some way	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day

Over the last 2 weeks how often have you been bothered by any of the following problems?

Feeling nervous, anxious or on edge	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Not being able to stop or control worrying	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Worrying too much about different things	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Trouble relaxing	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Being so restless that it is hard to sit still	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Becoming easily annoyed or irritable	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day
Feeling afraid as if something awful might happen	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Nearly every day

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**

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

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

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

Are you recieving another service ☐ Yes ☐ No

If, yes, specify which service

Peferred method of contact ☐ Email ☐ Letter ☐ Phone

Only fully completed referral forms will be accepted, so please go back and check that you have completed every section as fully and accurately as you can, then sign and date it.

We will contact you within 14 working days of receiving your completed form and let you know whether or not we will be able to offer you an assessment for this service.

Signed

Date

This referral form may be posted to: IAPT Mind in Bexley, 2a Devonshire Road, Bexleyheath, Kent, DA6 8DS

E-mailed to: **referral@mindinbexley.org.uk**

for office use only...

Date recieved at Mindin Bexley

Date logged onto IAPTus