

Self Referral Form

Which service you would like to access?			
Your Details:			
Name:		Date of Birth:	DD / MM / YYYY
Address:		Male	<input type="checkbox"/>
		Female	<input type="checkbox"/>
Post Code:			
NHS Number:		You will find your NHS number on: <ul style="list-style-type: none"> 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.	a) leave a message with someone answering my phone	<input type="checkbox"/>	
	b) leave a message on my answering machine	<input type="checkbox"/>	
	c) send reminders via text message to your mobile	<input type="checkbox"/>	
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	<input type="checkbox"/>
		No	<input type="checkbox"/>

ISO: SH083/v1

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

Do you receive regular home visits from your GP?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Where did you hear about the service?	Please give details.	

Please outline any specific needs which we may have to be aware of:

Need	Details:
Language	
Cultural	
Access	
Travel	
Disability	
Other?	

Return this form to:

By Post	Self Help 1st Floor East Oakland House, 76 Talbot Road Old Trafford, Manchester M16 0PQ
By email	pws.manchester@selfhelpservices.org.uk
	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 226 3871
By fax	0161 877 2740