Mid Essex IAPT Self-Referral Form

We accept referrals from adults registered with a Mid Essex GP. Please complete and return all of the following pages to help us process your referral.
First, we would like to know a little bit about you…

Demographic Information			
Title:		**NHS Number:**	
First Name:			
Surname:			
Date of Birth (dd/mm/yyyy):	__ / __ / __	**Gender :**	Male ☐ Female ☐
Address:			
Postcode:			
Landline number:			
Can voicemail messages be left on your landline?	Yes ☐ No ☐		
Mobile number:			
Can voicemail messages be left on your mobile?	Yes ☐ No ☐		
Where did you hear about our service?			

Your GP	
Your GP's name:	
Name and address of your surgery:	
Do you consent to information being shared with your GP?	Yes ☐ No ☐

Current Difficulties

Please describe the problem you would like help with:

How long have you had this problem (e.g. weeks, months, years)?

Are you currently taking any medication to help with the way you are feeling?	Yes ☐ No ☐

If yes, please give details:

Are there any issues with alcohol or recreational drugs?

Alcohol:	Yes ☐	No ☐	**Drugs:**	Yes ☐	No ☐

If yes, please specify:

Have you ever been advised that you need support to manage this?

Alcohol:	Yes ☐	No ☐	**Drugs:**	Yes ☐	No ☐

Long-term Condition (please tick any that apply to you)

- ☐ None
- ☐ Asthma
- ☐ Cancer
- ☐ Dementia
- ☐ Heart Failure
- ☐ Multiple Sclerosis
- ☐ Epilepsy
- ☐ Parkinson's Disease
- ☐ Chronic Kidney Disease
- ☐ Coronary Heart Disease
- ☐ Non-Insulin Dependent Diabetes Mellitus
- ☐ Chronic Obstructive
- ☐ Pulmonary Disease
- ☐ Severe Mental Health Problems
- ☐ Stroke and Transient Ischemic Attack
- ☐ Chronic Muscular Skeletal
- ☐ Hypertension
- ☐ Other: ____________________
- ☐ Prefer not to disclose

Assessing Risk

Do you currently feel you are a risk to yourself?	Yes ☐ No ☐
If yes, please give details:	

Do you currently feel you are a risk to others?	Yes ☐ No ☐
If yes, please give details:	

Do you currently feel you are a risk <u>from</u> others?	Yes ☐ No ☐
If yes, please give details:	

Are your family and friends concerned about any of your behaviours?	Yes ☐ No ☐
If yes, please give details:	

About you

It is important for us to collect the following information to ensure that our service is accessible for all sections of the community, which helps us to help you.

Ethnicity (please tick)

- ☐ White British
- ☐ White Irish
- ☐ White Other: _______________
- ☐ Gypsy or Irish Traveller
- ☐ Mixed: White & Black Caribbean
- ☐ Mixed: White & Black African
- ☐ Mixed: White & Asian
- ☐ Mixed Other
- ☐ Chinese
- ☐ African
- ☐ Caribbean
- ☐ Arab
- ☐ Asian or Asian British: Pakistani
- ☐ Asian or Asian British: Bangladeshi
- ☐ Asian or Asian British: Indian
- ☐ Asian or Asian British Other
- ☐ Other background: ___________
- ☐ Prefer not to disclose

Physical Restriction (please tick)

- ☐ Able to carry out all normal activity without restriction
- ☐ Restricted in physical strenuous activity, but able to walk and do light work
- ☐ Able to work and self care, but unable to carry out any work up to 50%
- ☐ Limited self care, confined to bed/chair more than 50%
- ☐ No self care, totally confined to bed/chair
- ☐ Prefer not to disclose

Sexual Orientation (please tick)

- ☐ Heterosexual
- ☐ Homosexual
- ☐ Bisexual
- ☐ Prefer not to disclose

Ex British Armed Forces (please tick)

Yes ☐ No ☐ Prefer not to disclose ☐

Religion (please tick)

- ☐ No religious group
- ☐ Atheist / Agnostic
- ☐ Church of England
- ☐ Other Protestant
- ☐ Orthodox Christian
- ☐ Roman Catholic
- ☐ Other Christian
- ☐ Muslim
- ☐ Shi'ite Muslim
- ☐ Sunni Muslim
- ☐ Sikh
- ☐ Jewish
- ☐ Orthodox Jewish
- ☐ Buddhist
- ☐ Hindu
- ☐ Jain
- ☐ Parsi / Zoroastrian
- ☐ Rastafarian
- ☐ Any other religion: ____________
- ☐ Prefer not to disclose

Carer (please tick)

Yes ☐ No ☐ Prefer not to disclose ☐

PHQ-9 (Please tick box next to each of your answers)					
Over the last 2 weeks, 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 or 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 ☐
		PHQ9 total score:			

GAD-7 (Please tick box next to each of your answers)					
Over the last 2 weeks, 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 ☐
		GAD-7 total score:			

Please let us know what you are hoping to gain from our service:

Thank you for taking the time to complete the self-referral form.

Please detach and keep the cover of this booklet for future reference, and return the form (pages 1-6) to the following freepost address:

Freepost RTHU-BHLX-GSLJ
Mid Essex IAPT
Tekhnicon House
Springwood Drive
Braintree
CM7 2YN

What happens next?

Once we receive your referral we will send a letter confirming receipt. Your referral will be screened and we will either then place you on our waiting list or signpost you to a more appropriate service.

A member of your local team will contact you and arrange a time to meet and assess your needs.

Please note: our service is not able to provide immediate support in an emergency. If you require immediate urgent help, please contact your GP.