Self-referral Form

Health in Mind is a service offering support to adults experiencing mild to moderate anxiety or low mood. If you are feeling stressed out or down due to life events such as unemployment, a relationship break-up or financial difficulties (to name but a few) we can provide help and support. If you have particularly severe difficulties, or if your difficulties have been going on for some time, you should visit your GP so he or she can ensure you get the help you need.

In order to process your self-referral to Health in Mind, we need to gather some important information about you, your difficulties and how you are currently feeling. Please answer all the questions below.

We will let your GP know that you have referred yourself into the service, unless for any reason you **do not** wish for us to share information with your GP in which case please select here: ☐

The information you provide will remain confidential, unless we have concerns about your or another person's safety.

If your GP has recently referred you into the service please do not complete this form.

Personal Details

NHS number (if known):					
Surname Name:		First Name(s):			
Previous Name (if applicable):					
Address:					
Home Telephone Number:		Permission to leave a message:	Y ☐	N ☐	
Work Number:		Permission to leave a message:	Y ☐	N ☐	
Ext:					
Mobile Number:		Permission to leave a message:	Y ☐	N ☐	
Email Address:		Permission to send email	Y ☐	N ☐	
Date of Birth:		Sex:			
Ethnicity:		Religion:			
Marital status:	Single ☐	Married/Partnership ☐	Divorced/Separated ☐	Widowed ☐	

Have you or any members of your immediate family served in the UK Armed Forces	Yes	☐	No	☐

Are you open to any other service at Sussex Partnership NHS Foundation Trust	Yes	☐	No	☐
If yes, please indicate below what service(s)				
Please indicate if you are happy for Health in Mind to approach the above service(s)	Yes	☐	No	☐

GP Details (to access the service you need to be registered with a local GP)

GP Name:		Surgery Name:	Manor Park Medical Centre/Hampden Park Surgery
GP Surgery Address:	Manor Park Medical Centre High Street Polegate East Sussex BN26 5DJ		

Please complete the following questionnaires about your mood:

Questionnaire 1					
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	☐	☐	☐	☐
2	Feeling down, depressed or hopeless	☐	☐	☐	☐
3	Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4	Feeling tired or having little energy	☐	☐	☐	☐
5	Poor appetite or overeating	☐	☐	☐	☐
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7	Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
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	☐	☐	☐	☐
9	Thoughts that you would be better off dead or of hurting yourself in some way. **If you have scored 2/3 on Question 9 please could you tell us more about your current thoughts and feelings in the box below.**	☐	☐	☐	☐
Comments:					

***Important note: If you are experiencing these problems nearly every day, or are having frequent thoughts of suicide or self-harm then please contact your GP or go to A&E in an emergency.**

Questionnaire 2					
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	☐	☐	☐	☐
2	Not being able to stop or control worrying	☐	☐	☐	☐
3	Worrying too much about different things	☐	☐	☐	☐
4	Trouble relaxing	☐	☐	☐	☐
5	Being so restless that it is hard to sit still	☐	☐	☐	☐
6	Becoming easily annoyed or irritable	☐	☐	☐	☐
7	Feeling afraid as if something awful might happen	☐	☐	☐	☐

Please briefly answer the following questions about your current difficulties:

What is the problem you are seeking help for?
When did you first notice them?
How are your difficulties impacting on your daily life (e.g. work, relationships, family)?

Please sign and date the form below:

Signed: Date:

Thank you for completing this form. Before returning to us, please make sure you have signed and dated as stated above. We will then get in touch by phone within 4 weeks of receiving your self referral to arrange an assessment.

You can return the form by **post** to:-
Health in Mind, First Floor, Woodside, The Drive, Hellingly, East Sussex. BN27 4ER.

By **fax:** 01323 444137 or **Email:** spnt.healthinmind@nhs.net

If in the meantime you need support please contact your GP or ring the Sussex Mental Health Line out of hours on 0300 5000 101.
In an emergency visit your nearest A&E department or call 999.

Health in Mind is delivered in partnership with

Accessible Information Needs (AIS):

EHS228