**Improving Access to Psychological Therapies – Kirklees**Self-referral form

**Name:**

**Date of birth:**

**Address:**

**Landline number:**

**Mobile number:**

**Can voicemail messages be left?** *(Click box to tick)*

[ ]  Yes
[ ]  No

**Name and address of your GP practice:**

**Your GP’s name and phone number:**

**NHS number (if known):**

**Gender:**

**Main language spoken:**

**Is an interpreter required?** *(Click box to tick)*

[ ]  Yes
[ ]  No

 **Ethnicity:**

 **Religion:**

**Do you consider yourself to have a disability?** *(Click box to tick)*

[ ]  Yes
[ ]  No

 **If yes, please give details:**

**Do you have any of the following Long Term Conditions?**

Asthma ☐    Diabetes    ☐      COPD ☐

Respiratory   ☐    Heart Disease   ☐

Musculoskeletal MSK ☐    Chronic Pain including Fibromyalgia ☐

Epilepsy ☐    Skin condition including Eczema ☐

Digestive tract systems   ☐

**If you are female, are you pregnant or the mother of a child under 1 year old?**

[ ]  Yes
[ ]  No

**Are you a current or former member of the British Armed Forces?**

[ ]  Yes
[ ]  No

**Please answer the following questions to help us think about how best to help you:**What are the main problems that have led you to ask for help? (e.g. low mood, panic attacks, shyness, worrying, etc.)

 How long have you had these problems? (e.g. weeks, months, years)

Are you or have you seen anyone for counselling, psychotherapy, drug or alcohol problems or for any other mental health support? *(Click box to tick)*

[ ]  Yes
[ ]  No

 If yes, please give details:

**Please note:** Kirklees IAPT is not a crisis service. If you have had thoughts of suicide or self-harm within the past month which you have wanted to act upon, please call the Kirklees single point of access team who are available 24/7 on 01924 316830.

Please write here anything else you think is important for us to know:

**If we believe that another service within our NHS Trust would be better suited to support you, do we have your consent to pass on your referral?**

[ ]  Yes
[ ]  No

We will review all the information you have provided and contact you in due course. Thank you for completing the form.

**If you have completed this form online, please return it by email to:**

iapt.admin@swyt.nhs.uk

**If you have printed this form, please return it by post or fax to:**

IAPT, 4th Floor, Folly Hall Mill, St Thomas Road, Huddersfield, HD1 3LT

Fax: 01484 435620