**Health in Mind - Self-referral Form**

***If your GP has recently referred you into the service or you have completed an online referral, please do not complete this form.***

Health in Mind is a service offering support to adults experiencing mild to moderate anxiety or low mood. 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.

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

**Personal Details**

|  |  |
| --- | --- |
| ***NHS Number (if known)*** | alth in Mind is a service offering support to adults experiencing mild to moderate anxiety or low mood. 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. |
| ***Title*** |       |
| ***Forename (s)*** |       |
| ***Surname*** |       |
| ***Date of Birth*** |       |
| ***Gender*** | *Male* | [ ]  | *Female* | [ ]  | *Transgender* | [ ]  | *Prefer not to answer* | [ ]  |
| ***Ethnic Origin*** |       | ***Nationality*** |       |
| ***Do you need an interpreter*** | *Yes* | **[ ]**  | *No* | [ ]  | ***Language*** |  |
| ***Address*** |       |
| ***Marital Status*** | *Single* | [ ]  | *Married / Partnership* | [ ]  |
|  | *Widowed* | [ ]  | *Divorced / Separated* | [ ]  |
| **Have you ever served in the armed forces or are you a dependant of someone serving?** | [ ]  |
| ***Do you have any of the following Long Term Conditions?*** | *Chronic Obstructive Pulmonary Disease* | *[ ]*  | *Hypertension* | *[ ]*  |
| *Coronary Heart Disease* | [ ]  | *Heart Failure* | [ ]  |
| *Type 1 Diabetes*  | [ ]  | *Type 2 Diabetes* | [ ]  |
| *Chronic pain* | [ ]  | *Asthma* | [ ]  |
| ***Are you pregnant or have a child under 12 months of age?*** | *Yes* | ***[ ]***  | *No* | ***[ ]***  | *n/a* | [ ]  |

**Contact Details** *(check box for yes)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Home telephone number** |       | **Permission to leave message** | [ ]  |
| **Work telephone number** |       | **Permission to leave message** | [ ]  |
| **Mobile telephone number** |       | **Permission to leave message** | [ ]  |
| **Email address** |       |
| **By entering your email address you are consenting to us contacting you about your referral/appointment** |

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

|  |  |
| --- | --- |
| ***GP Name*** |       |
| ***GP Surgery & Address*** |       |
| **Do you consent to us sharing your information with your GP** | *Yes* | **[ ]**  | *No* | [ ]  |

**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 or 3 on this question, please could you tell us more about your current thoughts and feelings in the box below? | [ ]  | [ ]  | [ ]  | [ ]  |
| Question 9      |
| 10. | Over the last week I have made plans to end my life | [ ]  | [ ]  | [ ]  | [ ]  |

**\*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 | [ ]  | [ ]  | [ ]  | [ ]  |

Copyright C1999 Pfizer Inc. All rights reserved.

**Please briefly answer the following questions about your current difficulties:**

|  |
| --- |
| **What are your current difficulties, as you see them?**      |
| **When did you first notice these difficulties?**      |
| **How are your difficulties impacting on your daily life (e.g. work, relationships, family)?**      |
| **Would you be interested in a course? (Please see our website for details)** | *Yes* | **[ ]**  | *No* | [ ]  |
| *Stress Control* | *[ ]*  | *Mindfulness* | *[ ]*  | *Self Esteem* | *[ ]*  | *Living Well with Pain* | *[ ]*  |
| *Living Well with Diabetes* | *[ ]*  | *Living Well with Breathlessness* | *[ ]*  | *Living Well with Cardiac* | *[ ]*  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Where did you hear about us*** | *General Practitioner* | *[ ]*  | *Leaflets* | *[ ]*  | *Event / Stand* | [ ]  |
| *Internet / Search* | [ ]  | *Posters* | [ ]  | *Social Media* | [ ]  |
| *Consultant* | [ ]  | *Nurse* | [ ]  | *Other Clinician* | [ ]  |
| *Friends, Family, Word of mout**h* | *[ ]*  |  |  |

**Please sign and date the form below:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |       | Date: |       |
| I accept the below Terms & Conditions | [ ]  |

 *(Terms and conditions below)*

|  |
| --- |
| Thank you for completing this form. Before returning it 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**Email**: spnt.healthinmind@nhs.net Visit our website at [www.healthinmind.org.uk](http://www.healthinmind.org.uk/)**If in the meantime you need support please contact your GP****In an emergency visit the nearest A&E department or call 999.** |

**Terms and Conditions**

**Privacy Notice – Patient Records**

We aim to provide you with the highest quality care. To do this, we must keep records about you and the care we provide for you.

Health records are held on paper and electronically and we have a legal duty to keep these confidential, accurate and secure at all times in line with Data Protection Laws.

Our staff are trained to handle your information correctly and protect your privacy. We aim to maintain high standards, adopt best practice for our record keeping and regularly check and report on how we are doing. Your information is never collected for direct marketing purposes, and is not sold on to any other third parties. Your information is not processed overseas.

Sometimes your care may be provided by members of a care team, which might include people from other organisations such as health; social care; education; or other care organisations.

Information is held for specified periods of time as set out in the **Records Management Code of Practice for Health and Social Care.**

Information collected about you to deliver your health care is also used to assist with:

* Making sure your care is of a high standard.
* Using statistical information to look after the health and wellbeing of the general public and planning services to meet the needs of the population.
* Assessing your condition against a set of risk criteria to ensure you are receiving the best possible care.
* Preparing statistics on our performance for the Department of Health and other regulatory bodies.
* Helping train staff and support research.
* Supporting the funding of your care.
* Reporting and investigation of complaints, claims and untoward incidents.
* Reporting events to the appropriate authorities when we are required to do so by law.

The legal basis for the processing of data for these purposes is that the NHS is an official authority with a public duty to care for its patients, as guided by the Department of Health and Data Protection law says it is appropriate to do so for health and social care treatment of patients, and the management of health or social care systems and services.

If we need to use your personal information for any reason beyond those stated above, we will discuss this with you. You have the right to ask us not to use your information in this way. However, there are exceptions to this which are listed below.

* the public interest is thought to be of greater importance for example:

if a serious crime has been committed

if there are risks to the public or our staff

to protect vulnerable children or adults

* we have a legal duty, for example registering births, reporting some infectious diseases, wounding by firearms and court orders
* we need to use the information for medical research. We have to ask permission from the Confidentiality Advisory Group (appointed by the NHS Health Research Authority)

Data Protection laws give individuals rights in respect of the personal information that we hold about you. These are:

1. To be informed why, where and how we use your information.

2. To ask for access to your information.

3. To ask for your information to be corrected if it is inaccurate or incomplete.

4. To ask for your information to be deleted or removed where there is no need for us to continue processing it.

5. To ask us to restrict the use of your information.

6. To ask us to copy or transfer your information from one IT system to another in a safe and secure way, without impacting the quality of the information.

7. To object to how your information is used.

8. To challenge any decisions made without human intervention (automated decision making)

Should you have any further queries on the uses of your information, please speak to your health professional or our PALS Department by either phoning 0300 304 2198 or via email **pals@sussexpartnership.nhs.uk**. Alternatively, you can contact our Data Protection Officer, Ellen Lim, at **DataProtectionOfficer@sussexpartnership.nhs.uk**.

Should you wish to lodge a complaint about the use of your information, please contact our PALS Department.

If you are still unhappy with the outcome of your enquiry you can write to: The Information Commissioner, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF - Telephone: 01625 545700.