|  |  |
| --- | --- |
| **Name:** | **Date:** |
| **D.O.B:** | **CHI:** |
| **Address:****Postcode:** |
| **Consent to send correspondence to this address:** | **YES** | **NO** |
| **GP Name:****Practice:** |
| **Telephone Numbers:****Landline:****Mobile Number:** |
| **Consent to contact by phone: *(Please circle your choice)*** | **YES** | **NO** |
| **Consent to leave a message:** | **YES** | **NO** |
| **Consent to send text message** | **YES** | **NO** |
| **Consent to contact by email:** | **YES** | **NO** |
| **Special Requests: (Best time to contact)** |
| **Demographic Information:** |
| This helps us to ensure we deliver our services fairly, equally and appropriately to all the people of Argyll & Bute. We will use this information to help us to improve our services in the future. |
| **Ethnic Origin:** |
| **Disability Status:** |
| Are you registered disabled? | Yes | No |
| Do you consider yourself to have a disability? | Yes | No |
| If yes, please specify (i.e. hearing/visual /mobility problems)  |
| **Education/ Work** |
| College/ University |  | Volunteering |  | Rather not say |  |
| Working |  | Unemployed |  | Retired |  |
| Not working – short term illness |  | Not working – long term illness |  | Other (specify): |  |
| **Involvement with any other services:** |
| Social Work |  | Probation |  | Housing |  | Homeless services |  |
| Addictions |  | Legal Services |  | CPN |  | Other (specify) |  |
| **Argyll & Bute Primary Care Mental Health Service**Thank you for self referring to the service. On receipt of your referral one of the clinical team will call you to gather more information on your difficulties, ensure this is right service for you and give you the opportunity to ask any questions. Our patient information leaflet may be helpful and is attached.Please note that we are unable to unable to offer an urgent or crisis service.**Please read before completing form*** **Complete paper form and RETURN TO YOUR GP RECEPTIONIST.**

**If you have received your form by e-mail please send to:** nhsh.abpcmhselfref@nhs.scot* **A member of the team will call you within 10 working days on receipt of your referral between 9am – 4pm. This will be a 0800 number. Two attempts will be made to contact you. If you do not respond to the second message left within 5 working days you will be discharged and we will update your GP.**
* **The self referral process can take time and we are unable to see people on an urgent basis.**
* **The service offers time limited input for people with common mental health problems such as anxiety and depression.**
* **We provide a range of interventions and will work in partnership with you: Psychological therapy approaches, Guided self help, Treatment Groups.**
* **The team offers a range of specialist knowledge & intervention from: Primary Care Mental Health Nurses, Mental Health Occupational Therapists, Primary Care Mental Health Workers and Guided self help workers**
* **Please discuss with or see your GP if you feel an alternative service is required or you have ongoing concerns.**
* **Helpful links:** [**www.getselfhelp.uk**](http://www.getselfhelp.uk)**; Breathing Space free phone 0800838587; Samaritans free phone 116123; NHS 24 free phone 111**

**\*\*\*Please keep these notes for future reference\*\*\*** |