

### Your contact details – Please Use Block Capitals

Full name   
Birth date (dd/mm/yyyy)  NHS Number   
(Essential)  
Ethnicity  Gender   
Address   
Post code  Tel   
Email

Is it acceptable for us to make contact OR leave a message via the following methods (please tick all that apply)?

On your answer machine  Someone else who  SMS text   
answers your phone

By email

First preferred language

Do you require an interpreter? Please provide details.

### Your GP details

GP name  Tel

Practice address

**We will notify your GP that you are accessing this service.**

### Further information

Please tick if any of these questions relate to you.

Are you pregnant?  Mother of a child less than 12 months?

Do you OR have you served in  Are you currently signed off work or on long   
the Armed Forces? term sick (6 weeks or longer)?

Do you have a long term  Are you a carer?   
physical health condition?

Are you currently in receipt of any prescribed medication for a mental health problem?

If so please state:

### Nature of problem

Depression/low mood  Obsessive-compulsive  Adjustment reaction

Anxiety/panic  Stress related  Managing complex emotions

Post-traumatic stress  Phobia  Relationship difficulties

Adjustment to long term physical health conditions

Other (please state)

Duration of current problem 0-12 months  More than 12 months

Reason for referral – please describe the main difficulties you are currently experiencing:

In a sentence, could you describe what you would like to be different at the end of treatment (goals)?

Other services that you are involved in, **currently** (please enter 'c') or **previously** (please enter 'p')

Social services  Health visitor  Voluntary sector

District nurse  Children's services  Psychiatry

Community Mental  Alcohol/drug services  Probation   
Health Team

Other (please specify)

Do you have a history of mental health problems? Are you currently attending any other mental health services? Have you ever attended any mental health services in the past? If so, which service(s)?

Do you have any specific needs you would like us to be aware of? Please tick and provide details.

Literacy difficulties  Larger print  Hearing difficulties   
Any other disability

### Interventions offered

The service follows a stepped care model. This means that following your assessment we will be discussing with you the recommendations for the interventions that best match your current difficulties. In order to offer choice and flexibility these are delivered in a variety of different ways including over the phone and in group formats. We currently run a programme of different courses throughout the county, which many people have found to be helpful in managing their emotional health. If you are interested in finding out more information about any of these, please tick the relevant box below and one of our clinicians will provide you with more information at your telephone assessment appointment. You can also find out more information and book directly onto some courses, visit our website, [www.somersetalkingtherapies.nhs.uk](http://www.somersetalkingtherapies.nhs.uk)

Please tick the box by the course that you are interested in:

Depression and low mood  Anxiety and worry  Carers course   
Long Term Physical Health Conditions  Mindfulness  Online support and therapies

### Your signature

Signature  Date

**Do make sure you have answered all the questions on this form so we can set up an appointment for you as soon as possible.**

Upon receipt of your referral, you will be sent an invite with details on how to contact your local talking therapies service and make arrangements to book your telephone assessment appointment.

If in the meantime you experience deterioration in your symptoms or you have immediate concerns about being at serious risk to yourself or others, please make an appointment to see your GP, while you are waiting for your appointment.

We are not a general mental health service and are not able to offer crisis management or general support to people.

Please cut along this dotted line, place your completed form in an envelope.  
Stick this pre-paid address sheet to the front of the envelope and pop in the post.



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Referral Co-ordinator  
Somerset Partnership NHS Foundation Trust  
Pearl House  
Church Street  
BRIDGWATER  
TA6 5AT

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