

OUTPATIENT CLINIC

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**Self-referral questionnaire**

1. Can you tell me a bit about the problem you are seeking help for? What is the reason for your referral?

2. Have you ever had a mental health diagnosis? If so, did you receive treatment and if so what treatment did you receive (medication or therapy?)

3. Have you ever been an in-patient for a mental health problem, if so when and where?

4. Have you engaged in any harmful behaviours such as drinking excessively, self-harm, substance misuse? If so how long ago?

5. How will you be funding your treatment?

6. When are you available for appointments? Daytime or evenings (please circle)

Name	
Address	
Date of birth	
Contact tel nos	
Email address	
Emergency contact (next of kin)	
GP details	