Outpatient Clinic Enquiry Form

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| **Please provide your contact details** | Name:Address:Tel:Mobile:Email:D.O.B: |

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| **Do you wish to see a psychiatrist or psychologist?**  | Psychiatrist [ ] Psychologist [ ] I am not sure [ ]  |

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| **Please tell us what you would like help with?****Please tick all that apply** | I feel depressed [ ] I feel anxious [ ] I feel stressed [ ] I have low self esteem [ ] I have an issue with relationships [ ] Fertility issues affecting mental health [ ]  |

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| **Have you had therapy before?** | No [ ] Yes (please specify) [ ]  |

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| **How should we contact you to discuss your appointment?** | Phone [ ] Email [ ] Text [ ]  |

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| **Who is making your referral for treatment?**  | My GP: [ ]  I am self-referring: [ ]  |

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| **How are you paying for your treatment?** | Directly[ ]  | Through medical insurance [ ]  |

\*If you are worried about your mental wellbeing and require urgent care, please contact your GP, phone 111, go to A & E or your local NHS crisis mental health service. Our service is not suitable for anybody who believes they are at risk to themselves or to others.

I am aware that my information will be held securely by St Andrew’s Healthcare and may be used to support my treatment.

**We will contact you to discuss your appointment via your preferred method of communication.**