Outpatient Clinic Enquiry Form

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

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

|  |  |
| --- | --- |
| **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 |

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

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

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

|  |  |  |
| --- | --- | --- |
| **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.**