



Online Self-Referral Form

We accept referrals from clients who are aged 16 years and over and registered with a GP in Hertfordshire.

Demographic Information

First, we would like to know a little bit about you...

First Name:	
Surname:	
Date of Birth (dd/mm/yyyy):	/ /
Gender :	Male / Female

Address:	
Postcode:	

Landline number:	
Can voicemail messages be left on your landline :	Yes / No

Mobile number:	
Can voicemail messages be left on your mobile:	Yes / No

Your GP's name:	
Name and address of your surgery:	
Is your GP aware of your self-referral?	Yes / No

Your ethnicity (Please tick box)		
<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white	<input type="checkbox"/> Mixed: White & Black Caribbean <input type="checkbox"/> Mixed: White & Black African <input type="checkbox"/> Mixed: White & Asian <input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Asian or Asian British: Pakistani <input type="checkbox"/> Asian or Asian British: Bangladeshi <input type="checkbox"/> Asian or Asian British: Indian <input type="checkbox"/> Asian or Asian British: Any other background
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please state):	<input type="checkbox"/> I do not wish to state

Current Difficulties

Please describe the problem you would like help with:

How long have you had this problem (e.g. weeks, months, years)?

Do you have any on-going physical health problems? Please specify

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Have you received, or are you currently receiving, treatment for this problem?	Yes / No
If yes, please give details (e.g. what, when and for how long):	
Are you currently taking any medication	Yes / No
If yes, please give details:	

Are there any issues with alcohol or recreational drugs?	
Alcohol:	Yes / No
Drugs:	Yes / No
If yes, please specify:	

Assessing Risk

Do you currently feel you are a risk to yourself?	Yes / No
Do you currently feel you are a risk to others?	Yes / No
Do you currently feel you are at risk from others?	Yes / No
If yes, please give details:	

Are your family and friends concerned about any of your behaviours?	Yes / No
If yes, please give details:	

Please let us know what you are hoping to gain from our service:

Thank you for taking the time to complete the self-referral form you now need to complete the PHQ9/GAD7 form below and email to hpft.spa@nhs.net or post to:

EPMHS Self-Referrals
 Single Point of Access
 Trust Head Office
 99 Waverley Road
 St Albans
 AL3 5TL

What happens next? - A member of our team will contact you in order to arrange an appointment to take place within 28 days.

Please note that unless you are sending the email from an encrypted system, this method of communication may not be secure. If you have any concerns about emailing it back to us, please post to the above address.

Please note: Our service is not able to provide immediate support in an emergency. If you require immediate urgent help, please contact the Single Point of Access (SPA) service on: 0300 777 0707

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Patient ID

Date

PHQ-9 (Please tick box next to each of your answers)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things	0	1	2	3
2 Feeling down, depressed, or hopeless	0	1	2	3
3 Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4 Feeling tired or having little energy	0	1	2	3
5 Poor appetite or overeating	0	1	2	3
6 Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8 Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9 Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
PHQ9 total score				<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

GAD-7 (Please tick box next to each of your answers)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1 Feeling nervous, anxious or on edge	0	1	2	3
2 Not being able to stop or control worrying	0	1	2	3
3 Worrying too much about different things	0	1	2	3
4 Trouble relaxing	0	1	2	3
5 Being so restless that it is hard to sit still	0	1	2	3
6 Becoming easily annoyed or irritable	0	1	2	3
7 Feeling afraid as if something awful might happen	0	1	2	3
GAD7 total score				<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

Thank you for taking the time to complete the self-referral and PHQ9/GAD7 forms please email to: hpft.spa@nhs.net or post to: EPMHS Self-Referrals, Single Point of Access, 99 Waverley Road, St Albans, AL3 5TL

A member of our team will contact you, in order to arrange a further appointment to discuss your needs. Please note that unless you are sending the email from an encrypted system, this method of communication may not be secure. If you have any concerns about emailing it back to us, please post to the above address.