**NHS North Cumbria Talking Therapies Self-Referral Form**

NHS North Cumbria Talking Therapies for Anxiety and Depression sees adults who are registered with GP Practices in Carlisle, Eden, Allerdale and Copeland. If you are registered with a practice outside these areas, please contact your GP or NHS Choices for details of similar services in your area. If you feel that your mood is deteriorating, please contact your own GP. The Samaritans are available 24 hours a day on 116 123. If you need **urgent help** with your mental health, you can contact the Trust`s 24-hour helpline on **0800 652 2865.**

**If you are seeking help for a problem such as psychosis, bipolar disorder or a personality disorder, NHS North Cumbria Talking Therapies are unable to offer the appropriate treatments, please speak with your GP about the treatment options available.**

**Due to the health risks associated with disordered eating NHS North Cumbria Talking Therapies is not able to accept self-referrals for this problem. For safety reasons, we require patients to see their GP and have the appropriate physical health checks completed and then discuss with their GP which service might be the most helpful. The GP is then able to make a direct referral.**

Please complete the following details using block capitals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title and full name |  | | | | |
| Date of birth |  | Gender |  | Ethnicity |  |
| Address |  | | | | |
| Postcode |  | | | | |

Do you have any communication needs that we should be aware of?

Large print documents Language translation service

British sign language interpreter Hearing loop facility area

other details

Please specify any details we need to be aware of such as font size, language for translation etc.

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Should we need to contact you by phone this would be within working hours (this will show as a withheld number), please let us know which number is best to reach you on during the day. If this method of communication is not suitable, please let us know

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Home** | | **Mobile** | **Work** | |  |  | |
| **Home telephone** | |  | | | Can we leave a message on this number? | | | Yes / No |
| **Mobile number** | |  | | | Can we leave a message on this number? | | | Yes / No |
|  | | | | | Can we send text message reminders? | | | Yes / No |
| **Work telephone** | |  | | | Can we leave a message on this number? | | | Yes / No |
| **Email address** | |  | | | Please only add address if you are happy for us to send correspondence to this address | | | |

|  |  |
| --- | --- |
| **GP practice** |  |
| **GP address** |  |

**Current difficulties:**

Please describe the problem that North Cumbria Talking Therapies might help you with. (How does this affect you and how long has this been going on for).

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| --- |
|  |

Have you received or are you currently receiving any support from mental health services

Yes / No

If yes please provide details below: (e.g. what help, when and how long, mental health medications prescribed)

|  |
| --- |
|  |

Have you completed this form yourself? Yes / No

If no, who has helped you with this and what was the reason you needed help:

|  |
| --- |
|  |

I consent to you contacting the relevant GP or other services for further information if required in line with NHS Confidentiality agreements. I am aware information will be stored on a database

By ticking this box, I confirm my consent as stated above

Please return the form to North Cumbia Talking Therapies, Elmwood, 2a Tynefield Drive, Penrith, CA11 8JA or email to [nctalkingtherapies@cntw.nhs.uk](mailto:nctalkingtherapies@cntw.nhs.uk)

**Once the form has been sent, please allow 3 working days then ring 0300 123 9122 (Monday-Friday 8:30am–5:30pm) to book a telephone assessment appointment. If you require someone to book your appointment, you will also need to be present as we collect important personal information during that call.** **Failure to contact the service within seven days of sending the form will result in the referral being closed.**

**Date completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_