Self - Referral Questionnaire

Thank you for enquiring about our services. In order for us to progress your query in the most efficient manner, please complete the below questionnaire and return to [admin@psychworks.org.uk](file:///C%3A%5CUsers%5Ckeeny%5CDesktop%5Cadmin%40psychworks.org.uk)

Thank you for referring to PsychWorks Associates.

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| --- | --- | --- |
|  | **Question** | **Answer ( please be as detailed as possible )** |
| 1 | Date of birth of client |  |
| 2 | Name |  |
| 3 | Gender | F / M*(please delete as appropriate)* |
| 4 | Address, including postcode |  |
| 5 | Telephone contact & email address |  |
| 6 | Brief description of concerns eg symptoms, when they happen, any idea about cause etcWhat helps, if anything? |  |
| 7 | Input required | Assessment\*/Intervention*\*Please note that assessment constitutes an assessment of needs and not expert medical opinion.* |
| 8 | Has there been a previous assessment by a Psychologist or Neuropsychologist? | YES\*/ NO*(\*please provide name and date of input)* |
| 9 | Name & address of GP |  |
| 10 | Do you have any Social Worker involvement? Please detail, if so |  |
| 11 | Where did you hear about PsychWorks Associates? |  |