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:\Users\keeny\Desktop\admin@psychworks.org.uk)

Thank you for referring to PsychWorks Associates.

|  |  |  |
| --- | --- | --- |
|  | **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 etc  What helps, if anything? |  |
| 7 | Input required | Assessment\*/Intervention  *\*Please note that assessment constitutes an assessment of needs and not expert medical opinion.* |
| 8 | Would you prefer online sessions, face-to-face sessions or no preference. | *\*Please specify* |
| 9 | Has there been a previous assessment by a Psychologist or Neuropsychologist? | YES\*/ NO  *(\*please provide name and date of input)* |
| 10 | Name & address of GP |  |
| 11 | Do you have any Social Worker involvement? Please detail, if so |  |
| 12 | Where did you hear about PsychWorks Associates? |  |