

SELF REFERRAL FORM

PLEASE RETURN TO:
42-46 Barclay Street
Stonehaven, AB39 2AX
Tel: 01569 767222

E-mail: referrals@pillarkincardine.co.uk

PERSONAL DETAILS

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ POSTCODE: _____
HOME TELEPHONE: _____ MOBILE: _____
EMAIL ADDRESS: _____

PLEASE TICK THE BOX WHICH BEST DESCRIBES YOUR THOUGHTS AND FEELINGS OVER THE LAST 2 WEEKS

STATEMENTS	NONE OF THE TIME	RARELY	SOME OF THE TIME	OFTEN	ALL OF THE TIME
I've been feeling optimistic about the future					
I've been feeling relaxed					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been able to engage with other people easily					
I've been feeling confident					
I've been able to make decisions easily					
I've been interested in new things					
I've been feeling cheerful					
I've been able to engage with/access my local community					

HOW DID YOU HEAR ABOUT PILLAR KINCARDINE?

HOW WOULD YOU LIKE US TO CONTACT YOU?

PLEASE TICK THE MOST APPROPRIATE METHOD.

MAIL	<input type="checkbox"/>	EMAIL	<input type="checkbox"/>	HOME TELEPHONE	<input type="checkbox"/>	MOBILE	<input type="checkbox"/>
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PLEASE GIVE ANY OTHER RELEVANT INFORMATION

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DETAILS OF ANY SUPPORT YOU CURRENTLY RECEIVE INCLUDING YOUR GP & OTHER AGENCIES

SURGERY NAME AND ADDRESS

NAME OF YOUR REGULAR GP

TELEPHONE

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AGENCY NAME AND ADDRESS

CONTACT NAME

TELEPHONE

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Thank you for giving us this information. Please return the completed form to Pillar Kincardine. All forms will be filed securely at the Pillar Kincardine office and be available to Pillar Kincardine staff ONLY.

Pillar Kincardine will NOT contact your GP or other health professionals you might have listed above without your consent. We plan to review this form and contact you as soon as possible to arrange a meeting.

OFFICE USE ONLY

SERVICE OUTCOME:

REFER ON:

DATE RECEIVED:

PILLAR KINCARDINE STAFF NAME:

SIGNATURE:

DATE:

BECOME MEMBER

INFORMATION ONLY

NO FURTHER ACTION

REFER ON
