**Anxiety UK Therapy Referral Form**

If you are having difficulty filling in this form and need assistance – please call our office on 0161 226 7727

Membership – are you a member of Anxiety UK?

Yes 🞏

No 🞏

Our therapy services are exclusive to Anxiety UK members. If you need to join please call 03444 775774

Please tick the type of therapy you would like to access (only ONE form of psychological therapy should be undertaken at one time):

Clinical hypnotherapy 🞏 The average number of sessions will be between 4-6

Cognitive behavioural therapy (CBT) 🞏 The average number of sessions will be between 6 - 15

Counselling 🞏 The average number of sessions will be between 6 – 15

If you are unsure as to which therapy type you might be best suited to, please call our office on 03444 775 774 and we can talk you through the various options that are available.

**Do you require face to face therapy?** Yes 🞏 No 🞏 (**Please ensure this is available at your preferred location)**

**Do you require phone therapy**? Yes 🞏 No 🞏

(Please note only counselling and CBT are available over the phone)

**Do you require web cam therapy?** Yes 🞏 No 🞏

**In the event that you have chosen to receive face to face therapy and the location you have chosen is unavailable, would you be willing to be referred to a therapist who provides support via telephone and/or webcam (Please note that counselling, CBT and clinical hypnotherapy can be delivered via webcam and only counselling and CBT are available over the phone)**  Yes 🞏 No 🞏

**Do you have any preference in relation to the gender of your therapist? (Please note this may limit availability for face to face referrals)**

Male 🞏 Female 🞏 No preference 🞏

**How would you prefer your allocated therapist to make initial contact?**

Home phone 🞏 Mobile phone 🞏 Text message 🞏 Email 🞏

**Please select the location where you would like to be seen** (Please ensure that the therapy type you have specified above is available in your selected location - see locations sheet or look at the map on our website. If you are able to travel to more than one location, please list these in order of preference. Due to high demand we cannot always ensure referrals to your first preference, in which event Anxiety UK will refer you to your second or third preference.)

**1. 2. 3.**

Name:

**Address:**

**Post code:** **DOB (DD/MM/YYYY):**

**Daytime Telephone Number:** **Evening Telephone Number:**

(Please note it is essential that we are able to contact you by telephone.)

**Is it acceptable to you for us to leave a message: (a) with someone answering your phone** 🞏

**(b) on your answering machine (if applicable)** 🞏

Email address:

(Please note: choosing to be contacted by email rather than via post or telephone will allow for quicker communication.)

**Emergency contact name:**

**Emergency contact phone number:**

**GP’s name:**

**GP’s address:**

**GP’s Tel No:**

**GPs email address:**

Providing an email contact for your GP is not essential, but may speed up the process should we need to contact them prior to you starting therapy.

Important: neither your therapist nor Anxiety UK will usually need to contact your GP. However, as your welfare is of paramount importance, if issues of safety arise - for example, if either Anxiety UK or your therapist believes that you are a risk to yourself or to others - he/she may need to contact your GP before commencing treatment, or as appropriate during treatment. Your therapist will always discuss this with you before making contact with your GP. Therefore, it is essential we have your GP contact details as, without these, we cannot process your application.

**\* Please note, if you are under 16 years of age we will require a letter from your GP giving their permission for us to provide access to treatment, as well as confirmation from your parent/guardian of their consent for you to access this service. \***

**Please give brief details of why you wish to see an Anxiety UK therapist and of the symptoms that you are currently experiencing:**

**If you are presenting with PTSD have your symptoms been present for more than one month?**

Yes 🞏 No 🞏 Not applicable 🞏

**Are you currently in receipt of any other form of therapy?**

Yes 🞏 (please give details) No 🞏

**Are you currently seeing any other mental health professional at present (e.g. psychologist/psychiatrist/counsellor)?**

Yes 🞏 (please give details) No 🞏

**Have you accessed any mental health support services within the last 3 years e.g. crisis services/home treatment team, psychiatrist, community mental health team, social worker, psychologist, IAPT service, counsellor, therapist etc.?**

Yes 🞏 (please give details below) No 🞏

**Name, address & contact tel. number of service/practitioner**

**Date accessed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently taking any prescribed psychiatric medication (e.g. anti-depressants)**

Yes 🞏 No 🞏 Please state medication prescribed and dosage:

**Do you have any substance misuse difficulties (including alcohol, drugs – this includes misuse of non-prescribed/prescribed medication etc.) that would be problematic or may interfere with your ability to attend and fully engage with your therapy sessions?**

Always 🞏 Sometimes 🞏 Never 🞏

Have you had thoughts of suicide within the past month?

Yes 🞏 No 🞏

If you have answered ‘yes’ please circle on a scale of 1-10 how intense these thoughts have been (1 = fleeting thoughts of not wanting to be here; 10 = I have a plan and the will to carry out my thoughts).

No plans or intent 1 2 3 4 5 6 7 8 9 10 Active plans or intent

**Do you have any visual or hearing impairment that you feel would be helpful for your therapist to be aware of?**

Yes 🞏 (please give details) No 🞏

**Do you have someone (like a family member, friend or professional) help you read letters and information leaflets?**

Yes 🞏 (please give details) Sometimes 🞏 No 🞏

**How often do you have problems filling out questionnaires by yourself?**

Always 🞏 Sometimes 🞏 Never 🞏

**Do problems with numbers make it difficult for you to manage day-to-day activities such as paying bills and reading timetables?**

Always 🞏 Sometimes 🞏 Never 🞏

Anxiety UK Therapy Services – Equality and Monitoring

Anxiety UK is committed to providing access to services that promotes equality and diversity and removes barriers to access for all clients. We do not discriminate against people we employ or people seeking therapy support on any grounds including gender, racial grounds, sexual orientation, disability or age.

To assist us to monitor our performance and make improvements where required we would ask you to complete the details below. All the information asked for on this form is for organisational monitoring purposes only. Individual information will remain anonymous.

Please circle the most relevant answers:

**Age :** Under 18 18-25 26-35

36-45 46-55 56-65

Over 65

**Gender:** Male Female Transgender

**Ethnic Origin: White**

British Irish

Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asian or Asian British**

Indian Pakistani Bangladeshi

Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Black or Black British**

Caribbean African

Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed**

White & Black Caribbean White & Black African

White & Asian

Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chinese**

**Other Ethnic Group**

Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion or Belief:**  Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do not wish to answer □

**Sexual Orientation:** Heterosexual Lesbian Gay

Bi-Sexual

Do not wish to answer □

Anxiety UK Therapy Services - Terms and Conditions

Please select your tier in relation to your household income and attach proof along with this form. Applications cannot be progressed (unless at tier 4) without this evidence.

Please detail what proof is attached to apply for your therapy fee tier:

|  |  |  |
| --- | --- | --- |
| Fee Category/Eligibility Criteria (evidence of eligibility must be provided) | Fee Rate | I meet the criteria for the following tier: |
| Tier 1: reserved for those members experiencing financial hardship and difficulty  Total household income/individuals with savings under £10,000 or in receipt of following benefits: JSA, Income support, ESA or Carers and Disability Allowance, or individuals living on a State Pension only. | £15 | 🞏 |
| Tier 2: Household income and/or savings of between £10,000 and £24,999. | £25 | 🞏 |
| Tier 3: Total household income and/or savings of between £25,000 and £49,999. | £35 | 🞏 |
| Tier 4: Household income and/or savings of over £50,000. | £50 | 🞏 |
| Student Tier: Proof of student status and independent living | £20 | 🞏 |
| 🞏 I declare that I have taken into account all household income and savings when selecting my eligibility for a Therapy Services tier. Please note if you are paying by debit or credit card there will be a 5% admin fee to cover costs. |  |  |

Data Security

**You have requested that Anxiety UK correspond with you by e-mail, which will require e-mailing your personal data outside of our own IT network. We are required to inform you there is the risk of data loss when e-mailing outside our IT network, therefore we require written confirmation (this can be an e-mail response sent to** [**membership@anxietyuk.org.uk**](mailto:membership@anxietyuk.org.uk) **) that you accept this risk.**

I GIVE CONSENTFOR ANXIETY UK TO CORRESPOND WITH ME IN RELATION TO MY THERAPY REFERRAL BY EMAIL. I ACKNOWLEDGE THAT THIS MAY ENTAIL THE RISK OF DATA LOSS AND UNDERSTAND THAT ANXIETY UK WILL STORE INFORMATION SAFELY IN FILES AND IT SYSTEMS AND THAT I CAN WITHDRAW MY CONSENT FOR THEM TO HOLD MY INFORMATION AT ANY TIME BY WRITTEN NOTIFICATION. 🞏

 I DO NOT GIVE CONSENTFOR ANXIETY UK TO CORRESPOND WITH ME BY EMAIL IN RELATION TO MY THERAPY REQUEST. 🞏

We are happy to accept encrypted emails and documents. You can then call to provide the password over the phone. If you would like details on how to encrypt this document please contact [services@anxietyuk.org.uk](mailto:services@anxietyuk.org.uk) and the details will be passed over to you. Terms and conditions are available here: [www.anxietyuk.org.uk/terms-and-conditions](http://www.anxietyuk.org.uk/terms-and-conditions) or via the above email address.

**CHECKLIST:**

**🞏 I have read and understood Anxiety UK’s the terms and conditions**

**🞏 I give consent for Anxiety UK to correspond with me and the allocated therapist by email**

**🞏 I have attached proof of eligibility for discounted therapy fees at the Tier claimed**

**🞏 I have provided the name and contact details of my GP**

**🞏 I have read and understand all aspects of my therapy application with Anxiety UK, including the Charity’s payment terms and refunds policy and Anxiety UK’s Terms and Conditions.**

**Signature: Date:**

Please ensure you return all documents in either Word, PDF or JPEG format. Other formats are not compatible with our network and will mean your referral is delayed until the forms have been resent.

Send this form completed to us at either:

Email: [referrals@anxietyuk.org.uk](mailto:referrals@anxietyuk.org.uk)

Post: Nunes House, 447 Chester Road, Old Trafford, Manchester, M16 9HA