**Anxiety UK Acupuncture Referral Form**

**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. 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.**

**Do you have a preference in relation to the gender of your acupuncturist? (please note this may limit your available locations)**

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.)

**GP’s name:**

**GP’s address:**

**GP’s Tel No:**

**Emergency Contact Name:**

**Emergency Contact Tel No:**

Important: neither your practitioner 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 practitioner 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 give brief details of why you wish to see an Anxiety UK practitioner and of the symptoms that you are currently experiencing:**

**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 🞏

**Are you currently or have you recently been in receipt of support from your local crisis team, CMHT (community mental health team) or a social worker to support your mental health and well-being?**

Yes 🞏 No 🞏

(Please give details, including contact name and number of the team including email and postal address, plus the dates during which the service was accessed).

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

Yes 🞏 No 🞏 Please state medication prescribed:

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 🞏

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** **services@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 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 the data security consent section above**

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

**🞏 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email your application to: referrals@anxietyuk.org.uk or post to:**

**Anxiety UK, Therapy Services, Nunes House 447 Chester Road Old Trafford Manchester M16 9HA**