Graphical user interface, text, application

Description automatically generated**First Step Self-Referral Form**

First Step sees adults who are registered with GP Practices in Carlisle, Eden, Allerdale and Copeland only. If you are registered with a practice outside these areas, please contact your GP or NHS Choices for details of similar services in your area. If you feel that your mood is deteriorating, please contact your own GP. The Cumbria Health on Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

**If you are seeking help for a problem such as psychosis, bipolar disorder or a personality disorder First Step are unable to offer the appropriate treatments, please speak with your GP about the treatment options available.**

**Due to the health risks associated with disordered eating First Step is not able to accept self-referrals for this problem. For safety reasons, we require patients to see their GP and have the appropriate physical health checks completed and then discuss with their GP which service might be the most helpful. The GP is then able to make a direct referral.**

**Please complete the following details using block capitals:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title and full name** |  | | | | |
| **Date of birth** |  | **Gender** |  | **Ethnicity** |  |
| **Address** |  | | | | |
| **Postcode** |  | | | | |

**Do you have any communication needs that we should be aware of?**

Large print documents Language translation service

British sign language interpreter Hearing loop facility area

other details

**Please specify any details we need to be aware of such as font size, language for translation etc.**

|  |
| --- |
|  |

****

Should we need to contact you by phone this would be within working hours (this will show as a withheld number), please let us know which number is best to reach you on during the day. If this method of communication is not suitable please let us know

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Home** | | **Mobile** | **Work** | |  |  | |
| **Home telephone** | |  | | | Can we leave a message on this number? | | | Yes / No |
| **Mobile number** | |  | | | Can we leave a message on this number? | | | Yes / No |
|  | | | | | Can we send text message reminders? | | | Yes / No |
| **Work telephone** | |  | | | Can we leave a message on this number? | | | Yes / No |
| **Email address** | |  | | | Please only add address if you are happy for us to send correspondence to this address | | | |

|  |  |
| --- | --- |
| **GP practice** |  |
| **GP address** |  |

**Current difficulties:**

Please describe the problem that First Step might help you with. (How does this affect you and how long has this been going on for).

|  |
| --- |
|  |

Have you received or are you currently receiving any support from mental health servicesYes / No

If yes please provide details below: (e.g. what help, when and how long, mental health medications prescribed)

|  |
| --- |
|  |

**If you feel that your mood is deteriorating, please contact your own GP. The Cumbria Health on Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.**

Have you completed this form yourself? Yes / No

If no, who has helped you with this and what was the reason you needed help:

|  |
| --- |
|  |

I consent to you contacting the relevant GP or other services for further information if required in line with NHS Confidentiality agreements. I am aware information will be stored on a database

By ticking this box, I confirm my consent as stated above

Please return the form to First Step, Elmwood, 2a Tynefield Drive, Penrith, CA11 8JA or email to [ncm-tr.firststep@nhs.net](mailto:ncm-tr.firststep@nhs.net)

**Once the form has been sent, please allow 3 working days then ring 0300 123 9122 during normal working hours to book a telephone assessment appointment. Failure to contact the service within 7 days of sending form will result in this questionnaire becoming invalid**

**Date completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_