Oakhaven hospice

Self-Referral and Assessment Form

Name:							
Address:	**Email:**						
Home contact number:	**Mobile contact number:**						
Do we have permission to leave messages? Yes / No							
Emergency Contact:	**Age**	**18 - 25**	**25 - 35**	**35 - 45**	**45 - 55**	**55 - 65**	**65+**
GP:	**Patient/Relative/Bereaved/Carer (delete as appropriate)**						

Why are you seeking counselling now? **What are you hoping to get out of this support? What are your goals?**
Overall, how is your mood? **Very good 0 1 2 3 4 5 6 7 8 9 10 Very bad**
How are you coping with your situation? **Coping very well 0 1 2 3 4 5 6 7 8 9 10 Not coping**
Who do you have in your life? What resources can you access to support you? (incl. family, friends, social support structures, faith groups, etc.)

Have you accessed counselling, groups or mental health support services in the past? **Yes ☐ No ☐** **Please provide as much detail as possible here:**
If yes, how did these help? What coping strategies did you learn?
Please outline any prescription medication you are currently taking:
Please include here any other relevant information you feel it would be helpful for us to know:

Over the last couple of weeks how often have you been bothered by any of the following?	**Not at all**	**Rarely**	**Sometimes**	**Often**	**Most of the time**
Coping with everyday life					
Relationships with family					
Relationships with friends					
Difficulty getting to sleep or staying asleep					
Poor appetite or overeating					
Alcohol/Recreational Drugs					
Making sense of my feelings					
Managing difficult feelings/anger, shame, guilt					
Suicidal thoughts					
Panicking					
Worrying too much/unable to stop worrying					
Trouble concentrating					
Feelings of despair/hopelessness					

We collect and store personal information, in line with GDPR as part of our clinical services which ensures we can provide an appropriate level of care. By signing below, you are consenting to the storage of the information you have provided:

Name: Date:

Oakhaven is committed to data protection and we have safeguards in place to ensure your information is properly stored in line with current legislation, NHS codes of practice and professional codes of conduct. If you have any concerns regarding the use of your medical or personal information or for any further information please speak to a member of the team or the Data Protection Officer at dataprotection@oakhavenhospice.co.uk

Details of our Privacy Policy and how we use your information can be found at: www.oakhavenhospice.co.uk/privacy-policy

Once completed, please return this form:

By email to:
counselling@oakhavenhospice.co.uk

or by post to:
Jean Burke
Patient and Family Support Services
Oakhaven Hospice Trust
Lower Pennington Lane
Lymington
Hants SO41 8ZZ

For Office use only:

Staff Name	
Telephone/Face to Face	
Assessment Date	
Decision H/M/L	
Comments/Recommended Actions	