**Data Protection Act 2018**

Personal data collected by Mind in Enfield and Barnet will be used for administrative purposes only. This information will be stored confidentially on a secure electronic system. If you are not suitable for treatment, your details will be passed to a provider more suitable and your assessment notes may be passed to them as well.

**Please tick to agree to this statement** [ ]

**CLIENT DETAILS**

Title: Title Forename: Enter information

Middle Name: Enter information Surname: Enter information

D.O.B.: Click to enter a date NHS Number: Enter information

**CLINICAL INFORMATION**

Referral Date: Referral Time:

Have you previously used an IAPT Service before? Please select If Yes, When? Click to enter a date

If Yes, Please also give a brief reason for what the Counselling was for?

Enter information

Are you currently using any other Mental Health Services? Please select

If Yes, please state Enter information

GP Surgery: Enter information

GP Name: Enter information Please tick the box if you give consent for GP access [ ]

Referred By: Select a Referrer

Main reason for referral: Select a Referral Reason

Further information on reason(s) for referral. Please include if you’ve ever received any mental health diagnoses.

Enter information

**DEMOGRAPHIC INFORMATION**

Address Line 1: Enter information Address Line 2: Enter information

Address Line 3: Enter information Town/City: Enter information

County: Enter information Post Code: Enter information

Home No.: Enter information Do you give: Consent to call [ ]  Voicemail Consent [ ]

Work No.: Enter information Do you give: Consent to call [ ]

Mobile No.: Enter information Do you give: Consent to call [ ]  Voicemail Consent [ ]  SMS Consent [ ]

Email Address: Enter information Do you give: Consent to email [ ]

 **OTHER DEMOGRAPHICS**

Ex-British Armed Forces: Select an Option

Accomodation Type: Select an Accommodation Type

Ethnic Origin: Select an Ethnicity Gender: Select a Gender

Main Language: Select a Language Interpreter required [ ]

Sexual Orientation: Select a Sexual Orientation Religion: Select a Religion

Disability: Please tick all boxes that relate to you
Behaviour and Emotional [ ]  Hearing [ ]  Manual Dexterity [ ]

Learning Disability [ ]  Mobility [ ]  Perception of Physical Danger [ ]

Personal Care [ ]  Progressive Condition [ ]  Sight [ ]

Speech [ ]  (Not Stated) [ ]  (None) [ ]

(Other) [ ]

Physical Restrictions: Select a Physical Restriction

Long Term Conditions: Select a Long Term Condition

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: Enter information

Address Line 1: Enter information Address Line 2: Enter information

Address Line 3: Enter information Town/City: Enter information

County: Enter information Post Code: Enter information

Contact No.: Enter information

**AVAILABILITY**

Select your availability below:

Any Time [ ]  AM Only [ ]  PM Only [ ]

Monday [ ]  AM [ ]  PM [ ]
Tuesday [ ]  AM [ ]  PM [ ]
Wednesday [ ]  AM [ ]  PM [ ]
Thursday [ ]  AM [ ]  PM [ ]

Friday [ ]  AM [ ]  PM [ ]

**Thank you for taking an interest in the Mind in Enfield and Barnet IAPT Counselling Service**

**please send your completed form via email to**

**Enfield: counselling@mind-in-enfield.org.uk**

**Barnet: counselling@mindinbarnet.org.uk**