



Charity Number 1121122  
 Company Number 6344630

**Please return to:**  
 Cindy Orsich (Project Manager)  
 Waterside House  
 Bridge Approach  
 Barrow-in-Furness  
 Cumbria, LA14 2HE  
 Tel: 01229 841372

Email: [cindy@safa-selfharm.com](mailto:cindy@safa-selfharm.com)

## Self Referral Form

### **Personal Information**

<b>Last Name</b>		<b>First Name</b>	
<b>Date of Birth</b>		<b>Age</b>	
<b>Address</b>			
<b>Town</b>		<b>Postcode</b>	
<b>Residential Situation</b> (e.g. living alone, partner, flat share, etc.)			
<b>Tel. Number</b>		<b>Mobile Number</b>	
<b>Preferred Method of Contact</b> (detail below)			
<b>Letter By Post</b>		<b>By Email</b>	
<b>Mobile</b>		<b>Landline</b>	

<b>Source of Referral</b> e.g. leaflet, web, friend, etc	
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### **Support Information**

<b>G.P. Name</b>		<b>G.P. Tel. Number</b>	
<b>G.P. Address</b>			
<b>Mental Health Worker</b>		<b>Contact Details</b>	
<b>Current Support</b>			

### **Medical Information**

<b>Do you have any medical problems that we should be aware of?</b>	<b>Yes/No</b> If yes, please give details below.
<b>Are you currently taking any medication?</b>	<b>Yes/No</b>
If yes, please indicate type of medication. <input type="checkbox"/> Anti-psychotics (nueroleptics/major tranquillizers) <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Anxiolytics/Hypnotics (minor tranquillizers) <input type="checkbox"/> Other	Please specify.

**The form is confidential when completed.**



<b>Are you seeing any other therapist, psychologist or psychiatrist?</b>	<b>Yes/No</b>
If yes, what treatments are you receiving or have you received?	

### ***Self-Harm History***

What do you see as your method of self-harm?	
How long have you been doing this?	
Have you done anything similar before this current episode?	

### ***Additional Information***

Please use the box below to provide any additional information.

### **OFFICE USE ONLY**

Date referred		Hospital admissions for self-harm	
Date offered			
Consent signed			
Self-harm method		GP treatment for self-harm	
Length of time			
Past events?			

**This form is confidential when completed.**