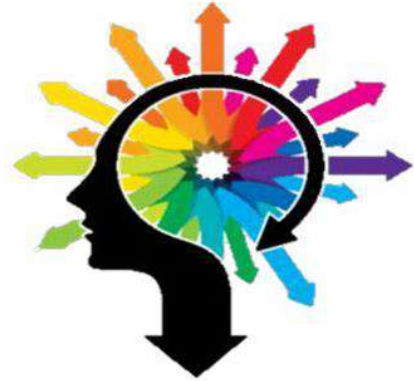




**Cambridgeshire and  
Peterborough**  
NHS Foundation Trust



## **CPFT Psychological Wellbeing Service**

This service is set up to help those aged 17 and over who are suffering from mild to moderate depression and anxiety disorders including generalised anxiety, social anxiety, post traumatic stress, health anxiety, panic, phobia or obsessive compulsive disorder. All of the talking therapies offered as part of our Psychological Wellbeing Service work by helping you understand what is happening to you, help you to work through your difficult feelings and learn new ways of coping in order to improve your wellbeing. If you require a mental health diagnosis or medication advice please discuss this with your GP.

**We are not an urgent service. If you are in Cambridgeshire and need urgent support call CPFT First Response Service on 111 (option 2)**

**Contact number**

**0300 300 0055**

**Mon – Fri, 9am – 4pm excluding bank holidays.**

### **How to self refer:**

1. Online: <http://www.cpkt.nhs.uk/services/pws/psychological-wellbeing-service.htm>
2. Complete this form
3. Call us

**We would now like to know more about you.....**

**Title: Full Name(s):**

**Gender: Date of Birth:**

**Ethnicity/Nationality?**

**Do you need an interpreter? Which language?**

**Address & Postcode:**

**Email address:**

(Only if you consent to us using this)

**Preferred Phone No: Alternative No:**  
**Can we leave a message? Preferred Y/N Alternative Y/N**

**GP Surgery:**

**Can we contact your GP? Y/N**  
**Can we view your GP records? Y/N**  
**UK Armed Forces Veteran Y/N Currently Serving: Y/N**

**Are you or your partner pregnant or given birth in the past year? Y/N**

**Do you have any long term physical health problems? (Please state)**

**Do you have any disability or mobility difficulties? (Please state)**

**Are you taking any medication for your mental health? (Please state)**

**Where did you hear about us?**

**Would you consent to being involved in research?**

**Please tell us why you are contact us. Describe the way your problem impacts upon your life how long you have had this problem and any other information you feel we should know**

**What are your expectations from this referral? Do you have a goal or aim?**

**Do you sometimes use alcohol to help you cope? If yes, what and how much alcohol you would consume over a typical week?**

**Do you sometimes use drugs to help you cope? If yes, can you list any illicit drugs you use and frequency by which you would use these?**

**Have you ever tried to harm yourself or others in the past? Please tell us more**

**Are you are at risk of harming yourself or others now? Please tell us more**

**Please complete the following questionnaires**

<b>Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems:</b>	Not at all  (0)	Several days  (1)	More than half the days (2)	Nearly every day (3)
1.Little interest or pleasure in doing things				
2.Feeling down, depressed, or hopeless				
3.Trouble falling or staying asleep, or sleeping too much				
4.Feeling tired or having little energy				
5.Poor appetite or overeating				
6.Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
7.Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.				
9. Thoughts that you would be better off dead or of hurting yourself in some way.				

<b>Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following:</b>	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Being so restless that it is hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				

**Thank you for taking the time to complete this self-referral form**

**We now will triage the information you have given us for suitability for an assessment with the Psychological Well-being Service. If we require more information to do this a member of our team will be in touch using the contact details you have given us to discuss your referral in more detail.**

**If you are not suitable for an assessment we will ensure that you are signposted to a more appropriate service for your needs.**

**Please send your completed form to**

**The Psychological Wellbeing Service (IAPT) SPA, Grebe House, Gloucester Centre,  
Morpeth Close, Orton Longueville, Peterborough. PE2 7JU**

**OR**

**Email: [selfreferIAPT@cpft.nhs.uk](mailto:selfreferIAPT@cpft.nhs.uk)**

**In a crisis situation for urgent support, please contact your GP as soon as possible.**

**You may also contact the following:**

**The Samaritans: 116 123**

**First Response Service: 111 op 2**

**Lifeline: 08088 082121 (7pm -11pm 365 days a year)**

**Your local Emergency Department / A&E**