



THE MOOD FOUNDATION
PO BOX 7774
HUNGERFORD
BERKS RG17 7BP
Registered Charity N.o.: 1122934

"Due to enormous demand across the UK we are offering psychological services combined with alternative therapies, in the short term, to those living in the London area only. This will be in the form of group sessions on a weekly basis. In so doing we hope to improve current services and look forward to expanding as soon as we are able."

The Mood Foundation

(Please print and complete in ink and post this form back to us)

NAME: _____ SEX: _____

CONTACT ADDRESS: _____

_____ POST CODE: _____

E-MAIL: _____

NEXT OF KIN: _____

GP: _____

ARE YOU SEEKING HELP FOR YOURSELF OR FOR SOMEONE ELSE (FRIEND OR FAMILY)? _____

IF YOU:

ARE YOU ALREADY UNDER THE CARE OF A PSYCHIATRIST, PSYCHOLOGIST OR THERAPIST?

DOES YOUR GP KNOW YOU HAVE BEEN UNWELL? _____

DO YOU (OR HAVE YOU HAD) A FORMAL DIAGNOSIS? IF SO, WHAT WAS IT?

ARE YOU ALSO SUFFERING FROM ANY OTHER ILLNESS? _____

ARE THERE ALSO ISSUES RE:

A) TRAUMA? _____

B) GAMBLING, ALCOHOL AND/OR DRUGS? _____

C) GRIEF OR BEREAVEMENT? _____

D) EATING DISORDER? _____

E) RELATIONSHIP PROBLEMS? _____

F) ARE YOU INVOLVED IN OR HAVE A COURT CASE PENDING? _____

ARE YOU CURRENTLY RECEIVING TREATMENT? _____

ARE YOU ON ANY MEDICATION? _____

ARE YOU CURRENTLY UNFIT TO WORK? _____

ARE YOU A PRIMARY CARER OF ONE OR MORE CHILDREN? _____

HAVE YOU EVER RECEIVED IN-PATIENT PSYCHIATRIC TREATMENT? _____

ARE YOU LOOKING FOR:

A) ASSESSMENT _____

B) INDIVIDUAL _____

C) GROUP THERAPY? _____

HOW WOULD YOU RATE THE URGENCY OF YOUR REQUEST? _____

IN WHICH GEOGRAPHICAL AREA(S) WOULD YOU BE LOOKING FOR A THERAPIST? *(SOME PEOPLE PREFER TO BE SEEN IN THE LOCATION OF THEIR WORKPLACE RATHER THAN THEIR HOME)*

IF SOMEONE ELSE:

ARE YOU LOOKING FOR ADVICE ON HOW TO HELP THE PERSON WHO IS UNWELL?

ARE YOU SEEKING HELP ON THEIR BEHALF? _____

DO THEY WANT HELP? _____

ARE THEY ALREADY UNDER THE CARE OF A PSYCHIATRIST, PSYCHOLOGIST
OR THERAPIST?

DOES THEIR GP KNOW THEY HAVE BEEN UNWELL? _____

DO THEY (OR HAVE THEY HAD) A FORMAL DIAGNOSIS? IF SO, WHAT WAS IT?

ARE THEY ALSO SUFFERING FROM ANY OTHER ILLNESS? _____

ARE THERE ALSO ISSUES RE:

A) TRAUMA? _____

B) GAMBLING, ALCOHOL AND/OR DRUGS? _____

C) GRIEF OR BEREAVEMENT? _____

D) EATING DISORDER? _____

E) RELATIONSHIP PROBLEMS? _____

F) DOES THE PERSON YOU ARE APPLYING FOR HAVE A COURT CASE

OR ONE PENDING? _____

ARE THEY CURRENTLY RECEIVING TREATMENT? _____

ARE THEY ON ANY MEDICATION? _____

ARE THEY CURRENTLY UNFIT TO WORK? _____

ARE THEY A PRIMARY CARER OF ONE OR MORE CHILDREN? _____

HAVE THEY EVER RECEIVED IN-PATIENT PSYCHIATRIC TREATMENT? _____

ARE THEY LOOKING FOR:

A) ASSESSMENT _____

B) INDIVIDUAL _____

C) GROUP THERAPY? _____

HOW WOULD YOU RATE THE URGENCY OF THEIR REQUEST? _____

IN WHICH GEOGRAPHICAL AREA(S) WOULD THEY BE LOOKING FOR A THERAPIST? (SOME PEOPLE PREFER TO BE SEEN IN THE LOCATION OF THEIR WORKPLACE RATHER THAN THEIR HOME)

Please send this form and an acknowledgement from your GP that you suffer from depression and or anxiety and suitable for CBT therapy. GP's should address this to Dr Madeleine Clarke.