

Please complete both sides of this form and return, with your letter.  
If you have difficulty completing this form please phone the office Mondays,  
between 11.00am and 12 noon, when this information can be given to the Administrator.

## SELF-REFERRAL FORM

Title     Mr     Mrs     Miss     Ms     Other    *(Please tick relevant box)*

Surname .....

Forename(s) .....

Address .....

Postcode.....      Email .....

Phone: Home.....      Work.....      Mob .....

*(Please circle a phone number where a message can be left)*

DOB.....      Gender.....

Marital Status *(please tick relevant box)*

- Single                   Married                   Cohabiting                   Separated  
 Divorced                   Widowed                   Single Parent

Employment Status *(please tick relevant box)*      Occupation .....

- Employed                   Self-employed                   Unemployed  
 Retired (Age)                   Retired (Health)                   Student

How did you hear about us? .....

Do you wish to apply for subsidized short-term therapy?    YES/NO

When are you able to attend sessions?

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

*Please tick boxes when you are available. If in the evening state earliest you are available.*

*(N.B. There is less waiting time for daytime appointments)*

## CONSENT FORM

I (*please print*).....  
grant Wellspring permission, if necessary to contact my General Medical Practitioner and/or other professionals currently involved in my care. Only in exceptional circumstances would contact be made without my prior knowledge.

I understand that my therapist and Wellspring are bound by a strict code of ethics and confidentiality and that generally only in extreme situations where there is risk to myself or to other people would contact be made.

Signature..... Date .....

General Medical Practitioner: (*please print*)

Name .....

Address.....  
.....  
.....

..... Postcode .....

Telephone .....

### EMERGENCY CONTACT (Optional)

Name.....

Relationship .....

Phone: Home ..... Work .....

Mobile.....

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