



Please complete all fields marked *

*Date:

SECTION A : YOUR DETAILS

We will use this information so that we can identify you and get in touch with you.

Title: (e.g. Ms, Mr)

*First Name:

*Last Name:

*Gender:

- Male Female Prefer not to say
- Prefer to self-describe.....

Requested Service:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Don't Know <input type="radio"/> Family/Carers Support <input type="radio"/> Social Spark¹ <input type="radio"/> Bereaved by Suicide Group <input type="radio"/> Social Prescribing for patients at listed GP practices² <input type="radio"/> Other FDAMH Service | <p>Counselling:</p> <ul style="list-style-type: none"> <input type="radio"/> Ages 19+ <input type="radio"/> Ages 16 - 18 <input type="radio"/> Fast Track (paying) |
|---|--|

1 -Social Prescribing available to patients registered with Meeks Road Surgery, Carron Medical Centre, Wallace Medical Centre, Ark Medical Practice, Westburn Medical Practice, Graeme Medical Centre, Camelon Medical Practice
2 -Social Spark - you must be physically able to move around without help.

Admin only, service note:

*Address

*Town/City:

*Postcode:

*You may write to this address Yes No

Email address:

You may email me using this address Yes No

Mobile Phone:

You may use this phone number to (tick all that apply):

- Call me Text me Leave answerphone messages
- Leave messages with anyone who answers

Other Phone:

You may use this phone number to (tick all that apply):

- Call me Text me Leave answerphone messages
- Leave messages with anyone who answers

*Date of Birth:

GP Surgery

This helps us to monitor our services and if necessary we may use this information to contact your GP, with your permission.



SECTION B : YOUR MENTAL HEALTH & USE OF SERVICES

We will use this information to help make sure you get the most appropriate service

***Are you currently involved with....? (tick all that apply)**

<input type="checkbox"/> NHS mental health services e.g. psychiatry, psychology, CPN, CAMHS...
<input type="checkbox"/> Social Work
<input type="checkbox"/> Other services to support my wellbeing.....
<input type="checkbox"/> None of the above

***Please state briefly your main reasons for getting in touch with us:**

***On a scale of 1 to 10, where 10 is the most distressed, how are you feeling? (pick one)**

OK most of the time			OK some of the time				Terrible		
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***Have you any previous contact with FDAMH?**

<input type="radio"/> Yes	<input type="radio"/> No
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***Has a doctor diagnosed you with a mental health condition?**

<input type="radio"/> Yes	<input type="radio"/> No
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***How did you find out about FDAMH?**

<input type="radio"/> My GP or other surgery staff	<input type="radio"/> Another NHS Service
<input type="radio"/> Social Work	<input type="radio"/> School / College / University
<input type="radio"/> Online search or Website	<input type="radio"/> Poster or leaflet
<input type="radio"/> Social Media	<input type="radio"/> Newspaper / Magazine article
<input type="radio"/> A friend or family member	
<input type="radio"/> Other.....	

Data Consent: I consent to FDAMH using the information I provide to help make sure I am provided with the right support and to monitor their services. I understand my information will be treated confidentially. I can withdraw my consent at any time by contacting a member of staff.

***Tick to consent**

To find out more about how FDAMH uses your information you can visit our website: www.fdamh.org.uk/privacy-policy/ or ask a member of staff for a copy of our Privacy Policy.

**Hand in or send your form to: FDAMH, Victoria Centre, 173 Victoria Road, Falkirk, FK2 7AU
Or you can refer yourself online at www.fdamh.org.uk**

Unable to complete this form? In Crisis? Call us on 01324 671600 during office hours