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## Self-Referral Form

### Contact details

Date:	Relationship to the person needing the service, or self?
Contact Name:	
Tel:	Email:
How did you find out about our Agency?	
Are you currently being supported by Refuge?	

### Which service is needed?

Victim Service	
Domestic Abuse Perpetrator Programme (DAPP)	
Safer Families Programme (aged 14-17 years)	

### Information for the person requiring the service

Name:	Tel No: Please circle/delete - Is it safe to Text – Y / N Phone – Y / N Email – Y / N
Address:	Email:
Post Code:	Gender:
Nationality:	Sexuality:
Date of Birth:	Age:
Marital Status:	Religion:
Do you have a disability?	Who do you currently live with?
Is anyone in the home pregnant?	When is the due date?
Do you have any children?	If yes, how many:

Please give names, ages, DoB of each child and if they are sons or daughters:  <p style="text-align: right;">Please include any children not currently living in the home.</p>	
Do you require referrals for any additional needs? (for example, services for homelessness, parenting issues, drug misuse, social and community support, finance and benefit):	
Have you ever been referred to MARAC (Multi-Agency Risk Assessment Meeting)? if yes please state date:	
Are you experiencing depression, anxiety or other mental health issues?	
Are you currently using prescribed drugs? please give details	
Are you currently using, or have you ever been dependent on, illegal drugs or alcohol? please give details	
Have you ever thought or taken suicidal action? please give details	
Have you got any convictions/cautions/warnings? please give details	
Have you ever had problems with being violent, or aggressive towards others? please give details	
Are you receiving any other counselling or mental health services? please give details	
Are you required to attend any other services or courses? please give details	
Please state what you hope Therapy will achieve:	
Do you have any additional information you would like to share?	
Signature:	Date:

**Thank you for completing this Referral Form please also complete the attached Questionnaire.**

**We will make contact with you as soon as we are able to.**

**In the meantime, please do not hesitate to contact us should you need to.**

# Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please select the answer that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Sometimes	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make my own mind up about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Score (total number added up) -