|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Stress Control Booking** | | | | | |
| NAME |  | | | DOB |  |
| ADDRESS |  | | GP NAME & ADDRESS |  | |
| Telephone: |  | | Email: |  | |
| I am not currently in need of urgent help or in crisis  I am not currently in receipt of care from Secondary Care Mental Health services (e.g. CMHT, CPN, Psychiatrist)  I am not seeking help to control my anger that threatens or intimidates other people  I am not seeking help for drug or alcohol use  York & Selby IAPT are hosted by Tees Esk and Wear Valley NHS Foundation Trust   * I agree for York and Selby IAPT to hold and record my information on their systems | | | | | |
| Signed: | |  | | | |

**\*Please email a completed booking form, or call us to book your place**

[**tewv.iaptyorkselby@nhs.net**](mailto:tewv.iaptyorkselby@nhs.net) **01904 556 820 / 01904 556 840**

**This confidential information is used anonymously to monitor access to our service and in no way affects the service you receive. Simply circle one answer per section. *Thank you.***

|  |  |  |  |
| --- | --- | --- | --- |
| **A**.Gender | | | |
| Male | 1 | | |
| Female | 2 | | |
| Not specified | 3 | | |
| **B**.Disability Status | | | |
| Has Disability | | 1 | |
| No Perceived Disability | | 2 | |
| Not Stated | | 3 | |
| **C**.National Identity | | | |
| United Kingdom | | 1 | |
| Any Other (Please State) | | 2 | |
| **D**.Ethnicity (National Codes) | | | |
| White British | | A | |
| Irish | | B | |
| Any other white background mixed | | C | |
| Asian/Asian British | | D | |
| Black / Black British | | E | |
| Any other black background mixed | | F | |
| Any other (Please State) | | G | |
| Not stated | | H | |
| **E**.Religion | | | | |
| No religion | | | 1 | |
| Church of England / Christian | | | 2 | |
| Buddhist | | | 3 | |
| Sikh | | | 4 | |
| Hindu | | | 5 | |
| Jain | | | 6 | |
| Jewish | | | 7 | |
| Muslim | | | 8 | |
| Parsi/Zoroastrian | | | 9 | |
| Not stated | | | 10 | |
| Any other (Please State) | | | 11 | |
| **F**.Able to communicate in spoken English ?\* | | | | |
| Yes | | | 1 | |
| No | | | 2 | |
| Not stated | | | 3 | |
| **G**.Understands written English ?\* | | | | |
| Yes | | | 1 | |
| No | | | 2 | |
| Not stated | | | 3 | |
| **H**.Preferered language\* | | | | |
| English | | | 1 | |
| Hindi | | | 2 | |
| Urdu | | | 3 | |
| Polish | | | 4 | |
| Cantonese | | | 5 | |
| Any other (Please State) | | |  | |
| **I**.Sexual orientation | | | | |
| Heterosexual | | | 1 | |
| Lesbian/gay | | | 2 | |
| Bisexual | | | 3 | |
| Other | | | 4 | |
| Not stated | | | 5 | |
| Not known | | | 6 | |
| **J.** Relationship Status | | | | |
| Single | | | 1 | |
| Married / Civil Partnership | | | 2 | |
| Divorced / Seperated | | | 3 | |
| Widowed | | | 4 | |
| Not Disclosed | | | 5 | |
| **K.** Accommodation Status | | | | |
| Mainstream Housing | | | 1 | |
| Homeless / Sheltered Housing | | | 2 | |
| Acute / Long Stay Hospital / Resident | | | 3 | |
| Criminal Justice System | | | 4 | |
| Mental Health Care / Other Health Care Support | | | 5 | |
| **L.** Employment Status | | | | |
| Employed | | |  | |
| Retired / Homemaker | | |  | |
| Student | | |  | |
| Long Term Sick / Disabled | | |  | |
| Unemployed | | |  | |

**\*Please contact the service if you have any specific requirements for your appointment, for example the need for an Interpreter or a Translator.**