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| --- |
| **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 peopleI am not seeking help for drug or alcohol useYork & 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** **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.**