

Self-Referral Form for General Therapies Services



You can return your completed form by email or post:

Email: APTinfo@theretreatyork.org.uk

Post: The Retreat, The Tuke Centre, 28 Green Dykes Lane, York, YO10 3HH

| SELF REFERRAL FORM | | |
|---|---|----------------|
| Surname: | First Name: | Date of Birth: |
| Home Address: | GP Name: | GP Address: |
| Post Code: | Tel: | |
| Preferred contact number: | Email address: | |
| Are you happy for us to leave a voicemail? Yes / No | Preferred method of contact: phone / email / post | |
| Availability for Appointments: | | |

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| What are your reasons for seeking therapy at this time? |
| Are you involved with any mental health services at present? If yes, please give details including names & contact details of professionals /Care Co-ordinator involved. |
| Have you had any therapy before? If yes, please provide some details, including an indication of how it helped you. |

We are asking the following three questions to make sure that we can care for you safely. If we are concerned that you, or somebody else, is at risk of harm and our therapy services are not best placed to support you we may need to suggest alternative support to you and we may need to share information with other healthcare professionals in an attempt to keep you or somebody else safe.

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| Within the past few weeks, have you experienced any suicidal thoughts and / or thoughts of harming yourself in any way? | Yes / No |
| Have you ever caused harm to any other person and/or having thoughts to do so? | Yes / No |
| If you have answered yes to either question above, please give us some further information: | |
| Are there any current concerns or risks relating to your physical health? For example, any disabilities, weight, diet, use of drugs/alcohol or sleep. | Yes / No |
| If you answered yes to this question, please give us further information: | |

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| If you are not funding the therapy yourself, please let us know who will be funding it? | |
| Insurance Provider: (please delete as appropriate) | AXA / AVIVA / CIGNA / Simply Health / Vitality Health / WPA |
| Insurance Provider Membership Number | |
| Another Person: | |
| Address: | |
| Post Code: | |
| Phone: | Email: |
| I give my consent for you to contact this person about my referral: | Signature: |

DECLARATION:

By submitting this form to The Retreat York you agree that the information you have provided is complete and true. You agree that:

- You are 18 years old;
- That you understand our terms of service, including our cancellation, payment and refund policy which is a condition of your service and agreement with us;
- That all information about you will be shared with our consultants in order to provide a service to you;
- That you can withdraw from the service / agreement at any time. However, charges will still apply if the treatment with your consultant has already started.

All information in this form will be treated as strictly confidential.

Signature:

Date:

DATA PROTECTION

For the purposes of the General Data Protection Regulations 2016 (GDPR) / Data Protection, The Retreat York is the data controller for the collection, processing, sharing and storage of this data. All information collected in this form will be for the sole purpose of providing a clinical service to you and will only be passed to third parties who support us in the administration of this service or where we have your consent to do this. However, we may have to break this confidentiality where we have a legal obligation to comply with the law for e.g. the information is required to detect a crime or apprehend an offender or support a safeguarding issue such as if we are concerned that you or someone else is at risk of harm. We will share information in an attempt to keep you or someone else safe, this might mean us contacting other health professionals, a crisis service or the police.

Further information about this can be found in our Privacy Notice on our website at:

<https://www.theretreatyork.org.uk/>.

Our Privacy Notice will advise you of whom we share information with, how long we keep your information for and what your legal rights are in respect of your data. Alternatively, you can contact our Data Protection Officer for further information at: The Retreat York, 107 Heslington Road, York, YO10 5BN or email us at: DPO@TheRetreatYork.org.uk.

All information is retained in accordance with our corporate retention guidelines.