



Please return as Private and Confidential to:
 The Project Manager
 SAFA Cumbria
 Heron House, 114 Duke Street
 Barrow-in-Furness, LA14 1LW
 Email: info@safa-selfharm.com

Self-Referral Form

First name:	Last name:	
Address:		
Date of Birth:	Age:	
Town:	Postcode:	
Can we contact you at this address?		YES/NO
Residential situation (living alone, with partner, flat share etc)		
Please provide your <u>email address</u> if you have one, we will initially contact you by email:		
Mobile:	Landline:	

GP name:	GP tel no:	
GP Address:		
Mental health worker:	Contact details:	
Current support:		
Do you have any medical problems that we should be aware of?	YES/NO	
If yes please provide details		
Are you currently taking any medication?	YES/NO	
<i>If yes, please tick type of medication</i>	Please specify	
Anti-psychotics (neuroleptics/major tranquillizers)		
Anti-depressants		
Anxiolytics/hypnotics (minor tranquillizers)		
Other		

Are you seeing any other therapist, psychologist or psychiatrist?	YES/NO
If yes please provide details	

Are you currently involved in any legal proceedings?	YES/NO
If yes please give a brief outline	

Do you consider yourself to have a disability?	YES/NO
If yes please provide details	

What do you see as your method of self-harm?	
How long have you been doing this?	
Have you done anything similar before this current episode?	

Please provide any additional information

By submitting this form I accept the information provided will be held by SAFA Cumbria. This information will be kept confidential, however there are some extreme situations where SAFA may be obliged to share information.

Name	
Signature	
Date	
How did you hear about SAFA?	

OFFICE USE

Date referred: