



For better
mental health

Central and North West London **NHS**
NHS Foundation Trust

NHS
HARROW

CNWL Talking Therapies-Harrow IAPT Primary Care Psychology Service

**CNWL TALKING THERAPIES- HARROW,
12-14 STATION ROAD, HARROW, HA1 2SL
Tel: 0208 515 5015 or email: harrow.iapt@nhs.net**

Opt-In Questionnaire

In order to get a better idea of your difficulties, we would be grateful if you could complete the attached registration form and questionnaires. The information given on this form will allow us to make a decision about the type of help you need and which of our practitioners would be best placed to work with you. If you don't know an answer to a question or you do not wish to write it down, please leave the section blank.

Talking Therapies -Harrow has extended its service to Harrow residents with mild learning difficulties. This form may be difficult for some to complete. If this is the case, please do not worry the information can be gathered face to face at an initial screening session.

Once completed please give your forms to reception in your GP surgery or post it to Talking Therapies -Harrow in the address given below. You can also email this form to harrow.iapt@nhs.net. A member of the IAPT team will contact you by telephone to discuss your needs when we receive your completed forms.

Please note that we are not an emergency service. If you feel you need to see someone urgently about your difficulties please contact your GP or visit your nearest Accident and Emergency department.

If you have any difficulty completing the form or would prefer to talk to someone over the telephone please contact the IAPT Duty Team for assistance on 0208 515 5015

We can also be contacted by email at harrow.iapt@nhs.net

Website: cnwltalkingtherapies.org.uk

Please note the Out of Hours Crisis Service number is 0800 0234 650

HARROW IAPT PRIMARY CARE PSYCHOLOGICAL SERVICE

Use a “√” or a “x” to indicate your answer in the space provided

DATE COMPLETED:			
PERSONAL DETAILS		Gender:	Male ... Female ...
Surname:		Date of Birth:	
Forename(s):		NHS No (if known):	
Address:			
Postcode:			
Telephone No:		Can we leave messages? Yes ... No ...	
Mobile No:		Can we leave messages? Yes ... No ...	
Time for contact	There are times we may need to speak to you on the phone during the day, can you please give a general indication when is best time to contact you:		
Email:			
Occupation:			
General Practitioner (GP) Name / Surgery:			

ETHNICITY, NATIONALITY AND CULTURAL DETAILS:			
<u>White</u> (<i>tick 'X' one option only</i>) ...British (A) ... Irish (B) ... Other (C) <u>Mixed</u> ... White & Black Caribbean (D) ... White & Black African (E) ...White & Asian (F) ...Other (G)	<u>Asian or Asian British</u> ... Indian (H) ... Pakistani (J) ... Bangladeshi (K) ...Other (L) <u>Black or Black British</u> ... Caribbean (M) ... African (N) ... Arab (P) ... Other (P)	<u>Other Ethnic Group</u> ... Chinese (R) ... Arab (S) ... Other (S) ... I do not wish to state (ZR)	
Please Specify Exact Ethnic Group:			
Nationality:			
Religion:			
... None (1) ... Atheist and Agnostic (2) ... Church of England (3) ... Other Protestant (4) ... Or'dox Christian (5)	... Roman Catholic (6) ... Other Christian (7) ... Muslim (8) ... Shi'ite Muslim (9) ... Sunni Muslim (10)	... Sikh (11) ... Jewish (12) ... Orthodox Jewish (13) ... Buddhism (14) ... Hindu (15)	... Jain (16) ... Parsi/Zor'strian (17) ... Rastafarian (18) ... Other Group (19)
Please Specify Exact Religion / Spiritual Group:			

Sexuality:	
... Heterosexual ... Gay or Lesbian ... Bisexual	... Doesn't know or not sure ... Not stated
Marital/Civil Status:	
Perceived Disability:	
... Behavioural & Emotional ... Hearing ... Manual Dexterity ... Memory or ability to concentrate, learn or understand ... Mobility and Gross Motor ... Perception of Physical Danger ... Personal Self Care & Continence	... Progressive conditions such as HIV, cancer & multiple sclerosis ... Sight ... Speech ... Other ... No perceived disability ... Not stated

Are you able to read and write in English:	Yes ... No ...	What is your first language (if not English)	
Ability to read and write in First Language: Yes ... No ...			
Where did you hear about our service?			
Are you a member of HM forces (ex or current):			
... Yes, currently serving (Y)	... Unknown (U)		
... Yes, ex services (Y)	... Not stated (Z)		
... No (N)	... Dependent of a serving member (X)		

Long Term Conditions	... Yes (Y) ... No (N) ... Unknown (U) Please specify:
	Thyroid Problems... High Blood Pressure ... Diabetes... Heart Failure... Asthma... COPD... Respiratory Problems... Arthritis... Coronary Heart Disease ... HIV... Multiple Sclerosis... Cancer... Chronic Pain... Epilepsy... Medically Unexplained Conditions... Other...

Medications: Can you please list any medication you are currently taking prescribed by a Medical Practitioner?
Name of Medication & dosage
How often do you take it per day:

Do you have any form of Learning Disability	... Yes (Y) ... No (N) ... I do not want to say as I am not sure
If you have learning disabilities and/or Autism or Asperger's, can you please tell us how this affects you on a day to day and indicate what help or assistance you may require to use Harrow IAPT service.	

DESCRIPTION OF THE DIFFICULTIES

Clinical Problems:

- 1) Please describe the nature of your difficulties in your own words, mentioning the main problems, how they have developed, and your present condition:
- 2) In what ways do your difficulties affect your life at the present time?
- 3) Describe anything that makes it better or easier to deal with your difficulties?
- 4) Have you ever had treatment for these difficulties before? If yes, please describe what.
- 5) Do you drink/take alcohol and/or any recreational drugs? If so, please give details.
- 6) Please describe what your expectations are and what benefits you are hoping to get from psychological treatment?

Patient Name/Code: _____

Date: _____

IAPT Employment Status Questions

A13 - Please indicate which of the following options best describes your current status:

Employed full-time (30 hours or more per week)	
Employed part-time	
Unemployed	
Full-time student	
Retired	
Full-time homemaker or carer	

A14 - Are you currently receiving Statutory Sick Pay?

Yes	
No	

A15 - Are you currently receiving ESA/Job Seekers Allowance, Income support or DSA/Incapacity benefit?

Yes	
No	

Work and Social Adjustment

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

1. **WORK** - if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable)

0	1	2	3	4	5	6	7	8	N/A	
Not at all		Slightly		Definitely		Markedly		Very severely, I cannot work		

2. **HOME MANAGEMENT** – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc

0	1	2	3	4	5	6	7	8	
Not at all		Slightly		Definitely		Markedly		Very severely	

3. **SOCIAL LEISURE ACTIVITIES** - With other people, e.g. parties, pubs, outings, entertaining etc.

0	1	2	3	4	5	6	7	8	
Not at all		Slightly		Definitely		Markedly		Very severely	

4. **PRIVATE LEISURE ACTIVITIES** – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.

0	1	2	3	4	5	6	7	8	
Not at all		Slightly		Definitely		Markedly		Very severely	

5. **FAMILY AND RELATIONSHIPS** – Form and maintain close relationships with others including the people that I live with

0	1	2	3	4	5	6	7	8	
Not at all		Slightly		Definitely		Markedly		Very severely	

PHQ- 9

Over the last 2 weeks , how often have you been bothered by any of the following problems? (Please mark with an 'x')		Not at all: 0	Several days:1	More than half the days: 2	Nearly every day: 3
1	Little interest or pleasure in doing things				
2	Feeling down, depressed, or hopeless				
3	Trouble falling or staying asleep, or sleeping too much				
4	Feeling tired or having little energy				
5	Poor appetite or overeating				
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down				
7	Trouble concentrating on things, such as reading the newspaper or watching television				
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual				
9	Thoughts that you would be better off dead or of hurting yourself in some way				

GAD-7

Over the last 2 weeks , how often have you been bothered by any of the following problems? (Please mark with an 'x')		Not at all:0	Several days:1	More than half the days:2	Nearly every day:2
1	Feeling nervous, anxious or on edge				
2	Not being able to stop or control worrying				
3	Worrying too much about different things				
4	Trouble relaxing				
5	Being so restless that it is hard to sit still				
6	Becoming easily annoyed or irritable				
7	Feeling afraid as if something awful might happen				

IAPT Phobia Scales

Choose a number from the scale below to show how much you would avoid each of the situations or objects listed below. Then write the number in the box opposite the situation.

		0	1	2	3	4	5	6	7	8
		Would not avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it
A16	Social situations due to a fear of being embarrassed or making a fool of myself									
A17	Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)									
A18	Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying).									