

THE DEAF HEALTH CHARITY SIGNHEALTH BSL HEALTHY MINDS

Self Referral Form for Deaf people

Name Mr Mrs Ms Other (please circle)

Address

..... Post Code

Mobile/SMS Email

Fax Skype

BSL User Yes/No Date of Birth/...../..... NHS Number

Doctor's name and Address

.....

We might need to contact your Doctor to book a room for you to see the therapist

I am happy for BSL Healthy Minds to tell my doctor that I am asking for BSL Therapy: Yes/No

Your problem – please tick

Depression/feeling low

Problems with work

Complex bereavement/grief/death

Physical health problems

Anxiety/stress

Phobia

Panic

Relationship/family problems

Extra comments:

Have you had this problem before? If yes, when?

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Have you had counselling/therapy in the past?

No

Yes

	Where/who with?
One to one therapy in BSL	
Therapy using BSL interpreter	
One to one therapy with no BSL ie write, try lip read	
Refused to go to therapy with BSL Interpreter	

Please send to: BSL Healthy Minds

Post: BSL Healthy Minds, SignHealth, 5 Baring Road, Beaconsfield, Bucks., HP9 2NB

SMS: 07966 976747

Fax: 01494 687622

Email: therapies@signhealth.org.uk