

Is talking therapy right for me?

Feeling down? Finding you can't do the things you want or need to do? Have trouble getting over things from your past? Struggling with unwanted thoughts, images, fears and phobias? Finding it an effort to cope with day to day life?

... We can help

Talking Therapy gives you a safe, private place to talk about what is bothering you. Your therapist will listen and help you find new ways of coping. If you can attend for an hour once a week, for up to a few months (on average), it could be a good option for you. Once you have had an assessment, we can discuss the best types of therapy for your problem and update you on any waiting times in your area. If you prefer to be seen at a different location, we can arrange that with you as well. We can also work with your GP to keep them informed of your therapy with us.

Talking Mental Health Derbyshire is a partnership between Derbyshire Health Care NHS Foundation Trust, Derwent Rural Counselling Services and Relate. We offer free, fast, effective talking therapy to people over the age of 16 who are registered with a GP in Derbyshire.

We do not offer urgent help.

If you feel you need emergency assistance, please contact your GP as soon as possible. Alternatively these services offer advice and help:

NHS 111 Service: 111

Samaritans: 116 123

SANELINE: 0300 304 7000

Mind: 0300 123 3393

Contact us

Self refer from our website:
www.derbyshcft.nhs.uk/tmhd

Email: dhcft.talking@nhs.net

or complete the form on this leaflet and send to:
Talking Mental Health Derbyshire,
Ilkeston Resource Centre,
Heanor Road, Ilkeston, DE7 8TL

Or call us:

0300 123 0542

(Calls are charged at the same rate as regular landline numbers).

Information for all Talking Therapy providers in Derbyshire can be found at :
<http://www.hardwickcg.nhs.uk/emotional-wellbeing/>

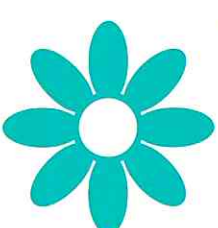
If you would like this information in a different language or format please contact
communications@derbyshcft.nhs.uk

إذا كنت تريد هذه المعلومات بلغة أو تنسيق مختلف
برجاء الاتصال بـ communications@derbyshcft.nhs.uk
如果您想要将本信息用其他语言或格式显示，请联系
communications@derbyshcft.nhs.uk

Si vous souhaitez recevoir ces informations dans une autre langue ou un autre format, veuillez contacter
communications@derbyshcft.nhs.uk

अगर आप यह जानकारी अलग भाषा या स्वरूप में चाहते हैं तो
कृपया संपर्क करें communications@derbyshcft.nhs.uk
Jeżeli chciałby Państwo otrzymać kopię niniejszych informacji w innej wersji językowej lub w alternatywnym formacie, prosimy o kontakt z
communications@derbyshcft.nhs.uk

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਦੂਰੇ ਵੇਰ ਭਾਸ਼ਾ ਜਾਂ ਢਾਂਚੇ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ
ਕਰੀਬ communications@derbyshcft.nhs.uk
اگر آپ کو یہ معلومات کسی مختلف زبان یا وضع میں مطلوب ہو
تو براہ مہربانی رابطہ کریں communications@derbyshcft.nhs.uk



TALKING
MENTAL HEALTH
DERBYSHIRE



relate
the relationship people
ieso
digital health

Feeling stuck?

Need help to
move forward?

Self referral form

Personal Data

Title:

First name:

Last name:

Date of birth:

Gender: Male ☐ Female ☐

Address:

Postcode:

Best contact phone numbers:

May we leave a message? Yes ☐ No ☐

May we send you a text message? Yes ☐ No ☐

E-Mail Address:

Preferred language:

Interpreter needed? Yes ☐ No ☐

If Yes, please detail:

Next of Kin

Name:

Address:

Postcode:

Phone number:

Do we have your consent to contact them

in an emergency? Yes ☐ No ☐

Please note: we are not an emergency service.
If you feel you are at risk, please contact your GP,
or the services listed overleaf.

About me

Special needs? (such as language, cultural,
mobility access, disability, or other needs)

Have you served in the armed forces?

Yes ☐ No ☐

Pregnant/mother with a child under 1?

Yes ☐ No ☐

Ethnicity:

Sexual Orientation:

Religion:

Registered GP Surgery and the GP you would
like us to contact about your care?

Are there any days and times you cannot
attend appointments?

Who else is involved in supporting you?

(i.e. social services, psychiatrist, support workers,
substance misuse workers, CPN, etc).

Are you taking any medication for psychological
problems? If Yes, please detail:

Do you suffer from any long term health
conditions? (i.e. Asthma, Diabetes, Epilepsy, etc).

If you feel comfortable, would you
please give us some more information
about your problem below.

Can you give us an example from the last few
weeks of the problem you would like help with?

How does this affect your day to day life?

How long have you had this problem for?

What changes do you want to make
through therapy?

Why are you referring yourself now?

Do you currently use drugs or alcohol? If yes
what, and how much in a typical week?

Would you be interested in receiving support to
retain or gain employment in addition to your
therapy? Yes ☐ No ☐