

Self Referral Form

Please let us know if you would prefer to speak with us for support while completing the form by ringing the phone number above. More information is also available on our website www.breconmind.org.uk

First Name		Surname	
Preferred Name		Title	
Address		Today's Date (DD/MM/YYYY)	
		Home Tel	
		Mobile Tel	
Postcode		Date of Birth (DD/MM/YYYY)	
Email			

Which of the following best describes your gender?		Are you trans?	
<input type="checkbox"/>	Man	<input type="checkbox"/>	Yes
<input type="checkbox"/>	Non-binary	<input type="checkbox"/>	No
<input type="checkbox"/>	Woman	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	I use another term _____	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Prefer not to say		

What are your preferred pronouns?	
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Contact Preferences	
Brecon and District Mind will only contact you related to the services you have requested.	
Can we contact you by phone?	Yes / No (please circle)
Can we leave a message?	Yes / No (please circle)
Can we contact you by SMS?	Yes / No (please circle)
Can we contact you by email?	Yes / No (please circle)
Can we contact you by post?	Yes / No (please circle)

Do you want to join our e-mailing list to receive news and updates?	Yes / No (please circle)
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GP Surgery Details	
GP Name	
GP Surgery Name	
GP Surgery Address	
GP Surgery Phone	
NHS Number	

Emergency Contact Details	
Emergency Contact Name	
Relationship to you	
Emergency Contact Phone	

Self-Referral Details	
Why are you getting in touch today?	
How did you hear about Brecon & District Mind?	
Have you accessed Brecon & District Mind's services before?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Unsure

Communication and Accessibility Details		
Which language do you prefer to communicate in? <input type="checkbox"/> English <input type="checkbox"/> Welsh Other _____	Do you feel able to easily communicate in English: <input type="checkbox"/> When speaking <input type="checkbox"/> When reading <input type="checkbox"/> When writing	Do you feel able to easily communicate in Welsh: <input type="checkbox"/> When speaking <input type="checkbox"/> When reading <input type="checkbox"/> When writing
Do you consider yourself to have a disability?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Please provide any details around additional support needs here: 		

Additional Details	
Brecon and District Mind has goals to support groups that might have specific needs. If you are happy to do so, please tick if you identify with any of the groups below.	
<input type="checkbox"/>	Veteran or armed forces personnel?
<input type="checkbox"/>	Agricultural or farming family?
<input type="checkbox"/>	An unpaid / family carer?