Do you have a long te No Cancer Chronic Pain Diabetes		ondition: Heart Failure Epilepsy Dementia Other	
Are you a Military Veteran?:		?: Yes/No*	
Are you pregnant or have you had a baby in the past 12 months? Yes/No*			
Ethnicity: White British Mixed Asian or Asian British Black or Black British Other Ethnic Groups			
Next of Kin:			
GP Name & Surgery:			
Phone Number:			
First Language:			
Interpreter required:		Yes/No*	

Once you have completed your form please post to:

Mindsmatter Burnley Gannow Lane Resource Centre 164 Gannow Lane Burnley BB12 6QH

01282 657268 www.lancashirecare.nhs.uk/Mindsmatter

Other sources of information:

The Wellbeing and Mental Health Helpline

This provides an information and listening service for people in Lancashire. It is available between 7:00pm and 11:00pm Mondays to Fridays and from 12:00 noon until 12:00 midnight on Saturdays and Sundays. **Freephone: 0800 915 4640**.

Hearing Feedback Team

If you would like to share feedback on your experiences with us, please contact the Hearing Feedback Team on: **01772 695315**, **freephone: 0808 144 1010** or email: **hearing.feedback@lancashirecare.nhs.uk**

Contacts and social media:

- **O** 01772 695300
- communications@lancashirecare.nhs.uk
- www.lancashirecare.nhs.uk
- facebook.com/lancashirecare
- Sector Care @LancashireCare
- youtube.com/LancashireCare

If you have problems reading the print we can provide this leaflet in large print, audio book or Braille.

આ દસ્તાવેજ વિનંતી કરવાથી ગુજરાતીમાં મળી રહેશે. مرفواست پر پروستاویزاردوش بچی کسکتی ہے۔ مرفواست پر سوستاویزاردوش بچی کسکتی ہے۔

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Data Protection

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Data Protection Lancashire Care NHS Foundation Trust adheres to The Data Protection Act 1998. The Trust will endeavour to ensure that your information remains secure and confidential at all times. For further information regarding data protection please visit the Trus's website or ask a member of staff for a copy of our leaflet entitled "Sharing Information With Us".

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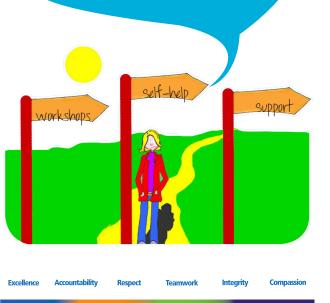
Name of Leaflet: Self-Referral Burnley





Self Referral to Mindsmatter Services

"Where can I find support for Stress, Anxiety, Low Mood and Sleep difficulties?"





Service Information

1 in 4 of us experience common difficulties such as stress, anxiety and low mood at some stage in our lives.

If we are affected for more than a few weeks then our local Mindsmatter Service can help.

Mindsmatter Services provide psychological interventions such as self-help materials, groups, workshops and 1:1 therapy to people aged 16 and above registered with a G.P.

Having the chance to talk through or find new solutions to our difficulties can make all the difference.

Important Information

Please note that Mindsmatter Services offer short-term psychological interventions for people who experience common mental health problems and cannot provide an urgent/ emergency service. If you feel at risk of harming yourself, or someone else, please contact your GP or for immediate support call 111.

How do I refer myself to the Mindsmatter Service?

- Go to www.lancashirecare.nhs.uk/Mindsmatter for our Online Referral Form
- Telephone the Burnley team on 01282 657268 (Mon-Fri 9am-5pm)
- Fill in this self-referral form and post it to us at the address on the back page.

What will happen once I have referred myself?

You will be offered an initial welcome call appointment. At the end of this telephone welcome call you and the Mindsmatter practitioner can agree the next step together.

Depending on your individual needs we will make sure you receive the most appropriate, suitable, timely and accessible intervention to help you.

We will keep your GP informed with your progress unless you explicitly request us not to.

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Self Referral Form

Whichever way you choose to refer yourself, please provide as much of the following information as you can as this will help us see you as quickly as possible.

Delete as necessary* Date: NHS	number (if known)
Title:	
	(e.g. Mr, Mrs, Miss etc.)
Full Name:	
Date of Birth:	
	(DD MM YYYY)
Address:	
Email:	ostcode:
Email:	
Phone Number (indicate if and if there are times when	
Home:	Yes/No*
Work:	Yes/No*
Mobile:	Yes/No*
woone.	
Can we send you appoir	ntment information by:
Text	Yes/No*
Email	Yes/No*
Please sign here:	
How did you hear abou	t us: