

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

Rethink Focusline: 0800 0272 1276

(5pm—1am every day)

Contact us

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

Email: talking@derbyshcft.nhs.uk

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

If you have any other questions call:

0300 123 0542

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

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 chcieliby 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 ਨੂੰ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ communications@derbyshcft.nhs.uk

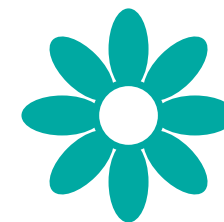
اگر آپ کو یہ معلومات کسی مختلف زبان یا وضع میں مطلوب ہو تو براہ مہربانی رابطہ کریں communications@derbyshcft.nhs.uk



Derbyshire Healthcare
NHS Foundation Trust



Feeling stuck? Need help to move forward?



TALKING MENTAL HEALTH DERBYSHIRE



Better
together



DRCS | Your Counselling
Service

relate
the relationship people

Self referral form

Personal Data

Title:
First name:
Last name:
Date of birth:
Gender: Male Female
Address:
.....
Postcode:
Best contact phone numbers:
.....
Can we leave a message? Yes No
Can we send you a text message? Yes No
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
Marital status:
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, CPM, etc).
.....
.....
Are you taking any medication for psychological
problems? Yes No
If Yes, please detail:
.....
.....

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 (or
problems) and why do you think they developed?
.....
.....
What changes do you want to make
through therapy?
.....
.....
Why are you referring yourself now?
.....
.....
Do you currently use drugs or alcohol?
Yes No
If yes what, and how much in a typical week?
.....
.....
Anything else you want us to know?
.....
.....