**Title: (Please circle)**  
Mr/Mrs/Ms/Miss/Other

**Person completing this form:   
(Please tick)**

Self Other

**If this form is completed by someone other than the individual in question, please give your name, role and address below.**

**Name:**

**Role:**

**Address**

**Postcode:**

**Telephone number:**

**Full name:**

**Address:**

**Postcode:**

**Nationality/Ethnic Origin:   
(please tick one box):**

White………………………………..  
Mixed/Dual background……….  
Asian or Asian British……………..  
Black or Black British……………..  
Chinese…………………………….  
Any other ethnic group…………

**Marital Status: (Please circle)**Single/Married/Separated/  
Divorced/Widowed

**Age: (Please circle)**10-18 19-30 31-40 41-50 51+

**Gender: (Please circle)**Male Female

**Referral Form**To arrange an appointment with The Tomorrow Project please fully complete this form as it will help us to allocate the most appropriate support.   
**The Tomorrow Project  
By Telephone:** (0115) 9348447 **By post:** The Tomorrow Project, NCVS, 7 Mansfield road, Nottingham, NG1 3FB **By email:** crisis@tomorrowproject.org.uk  
**Online at:** www.tomorrowproject.org.uk

**Are you suitable for or do you feel you would benefit from employment support?**Yes No

**Availability: (Circle days and time you are available)**

Monday AM PM Evening

Tuesday AM PM Evening

Wednesday AM PM Evening

Thursday AM PM Evening

Friday AM PM Evening

**Email address:**

**Can we email you?**YES/NO

**GP Details:**

**GP Name:**

**Surgery:**

**Employment Status Questions:**

Please indicate which of the following options best describes your current status:

Employed Full Time (30 hours or more per week)…………………………………….  
Employed Part Time…………………..  
Employed Self………………………….  
Unemployed (Seeking work)………..  
Unemployed……………………………  
Benefits………………………………….  
Student (Full time)……………………..  
Student (Part time) ……………………  
Homemaker…………………………….  
Volunteer………………………………..  
Retired …………………………………..

**Are you currently receiving statutory sick pay?**Yes ……………………………   
No …………………………....  
Not know ……………………   
Not stated ……………….....

**Home telephone number:**

**Can we leave a message on this number?** YES/NO

**Mobile telephone number:**

**Can we leave a message on this number?**

YES/NO

**Can we send you a text message appointment reminder?** YES/NO

**Please describe a day to day example of your difficulties (e.g. our thoughts, feelings, things you find difficult to do or have stopped doing, things your od that trouble you.)**

**Give brief details of how long your current problems have been present and how they have changed over time.**

**In relation to the problems you are seeking help for, are there any other professionals involved in your care other than your GP? If so, please give brief details (This could include a Psychiatrist, Counsellor/Psychotherapist, Social worker, Nurse etc.)**

**Please give details of prescribed medication you are currently taking and when this was started.**

**What would you like to achieve by getting support from The Tomorrow Project?**

**Do you have any current or ongoing physical health problems? (Please give brief details).**

**Have you ever been physically violent towards other people?** YES/NO  
**If yes, give details of most recent incident and dates of any criminal convictions.**

**Do you use alcohol or drugs?** YES/NO  
**If yes please give the quantity you use and how often.**

**Have you ever tried to end your life?** YES/NO  
**If yes please give brief details and dates.**

**Do you ever hurt yourself on purpose? (e.g. cutting, burning, punching yourself etc.?)**YES/NO **If yes please give brief details and when this last occurred.**

**Please take the time to complete a few surveys:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BDI-21 Pick out the one statement in each group that best describes the way you have been feeling during the past 2 weeks, including today.  Tick/Circle/Highlight the box you have picked. | | | | |
| Score | **0** | **1** | **2** | **3** |
| Sadness | I do not feel sad. | I feel sad much of the time. | I am sad all the time. | I am so sad or unhappy that I can’t stand it. |
| Pessimism | I am not discouraged about my future. | I feel more discourages about my future then I used to be. | I do not expect things to work out for me. | I feel my future is hopeless and will only get worse. |
| Past failure | I do not feel like a failure. | I have failed more than I should have. | As I look back, I see a lot of failures. | I feel I am a total failure as a person. |
| Loss of pleasure | I get as much pleasure as I ever did from the things I enjoy. | I don’t enjoy things as much as I used to. | I get very little pleasure from things I used to enjoy. | I can’t get any pleasure from the things I used to enjoy. |
| Guilty feelings | I don’t feel particularly guilty. | I feel guilty over many things I have done or should have done. | I feel quite guilty most of the time. | I feel guilty all of the time. |
| Punishment feelings | I don’t feel I am being punished. | I feel I may be punished. | I expect to be punished. | I feel I am being punished. |
| Self-dislike | I feel the same about myself as ever. | I have lost confidence in myself. | I am disappointed in myself. | I dislike myself. |
| Self-criticalness | I don’t criticise or blame myself more than usual. | I am more critical or myself than I used to be. | I criticize myself for all of my faults. | I blame myself for everything bad that happens. |
| Suicidal thoughts or wishes | I don’t have any thoughts of killing myself. | I have thoughts of killing myself, but I would not carry them out. | I would like to kill myself. | I would kill myself if I had the chance. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Crying | I don’t cry anymore than I used to. | I cry more than I used to. | I cry over every little thing. | I feel like crying, but I can’t. |
| Agitation | I am no more restless or wound up than usual. | I feel more restless or wound up than usual. | I am so restless or agitated that it’s hard to stay still. | I am so restless or agitated that I have to keep moving or doing something. |
| Loss of interest | I have not lost interest in other people or activities. | I am less interested in other people or things than before. | I have lost most of my interest in other people and things. | It’s hard to get interested in anything. |
| Indecisiveness | I make decisions about as well as ever. | I find it more difficult to make decisions than usual. | I have much greater difficulty in making decisions than I used to. | I have trouble making any decisions. |
| Worthlessness | I do not I am worthless. | I don’t consider myself worthwhile and useful as I used to. | I feel more worthless as compared to other people. | I feel utterly worthless. |
| Loss of energy | I have as much energy as ever. | I have less energy than I used to have. | I don’t have enough energy to do very much. | I don’t have enough energy to do anything. |
| Changes in sleeping pattern | I have not experienced any change in my sleeping pattern. | 1. I sleep somewhat more than usual. 2. I sleep somewhat less than usual. | 1. I sleep a lot more than usual. 2. I sleep a lot less than usual. | 1. I sleep most of the day. 2. I wake up 1-2 hours early and can’t get back to sleep. |
| Irritability | I am no more irritable than usual. | I am more irritable than usual. | I am much more irritable than usual. | I am irritable all the time. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Changes in appetite | I have not experienced any change in my appetite. | 1. My appetite is somewhat less than usual. 2. My appetite is somewhat greater than usual. | 1. My appetite is much less than before. 2. My appetite is much greater than usual. | 1. I have no appetite at all. 2. I crave food all the time. |
| Concentration difficulty | I can concentrate as well as ever. | I can’t concentrate as well as usual. | It’s hard to keep my mind on anything for very long. | I find I can’t concentrate on anything. |
| Tiredness or fatigue | I am no more tired or fatigued than usual. | I get more tired or fatigued more easily than usual. | I am too tired to do a lot of things I used to do. | I am too tired or fatigued to do most of the things I used to do. |
| Loss of interest in sex | I have not noticed any recent changes in my interest in sex. | I am less interested in sex than I used to be. | I am much less interested in sex now. | I have lost interest in sex completely. |
|  |  |  | **Total  BDI-21 Score** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PHQ-9 Over the last 2 weeks, how often have you been bothered by any of the following problems. (Please tick) | Not at all 0 | Several day 1 | More than half the day 2 | Nearly every day 3 |
| Little interest or pleasure in doing things. |  |  |  |  |
| Feeling down, depressed or hopeless. |  |  |  |  |
| Trouble falling or staying asleep, or sleeping too much. |  |  |  |  |
| Feeling tired or having little energy. |  |  |  |  |
| Poor appetite or overeating. |  |  |  |  |
| Feeling bad about yourself- or that you are a failure or have let yourself or your family down. |  |  |  |  |
| Trouble concentrating on things, such as reading the newspaper or watching television. |  |  |  |  |
| Moving or speaking so slowly that other people could have noticed?  Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual. |  |  |  |  |
| Thoughts that you would be better off dead or of hurting yourself in some way. |  |  |  |  |
|  | | | **Total PHQ-9 Score** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GAD-7  Over the last 2 weeks, how often have you been bothered by any of the following problems? | Not at all 0 | Several day 1 | More than half the day 2 | Nearly every day 3 |
| Feeling down, depressed or hopeless. |  |  |  |  |
| Feeling nervous, anxious or on edge. |  |  |  |  |
| Not being able to stop or control worrying. |  |  |  |  |
| Worrying too much about different things. |  |  |  |  |
| Trouble relaxing. |  |  |  |  |
| Being so restless that it is hard to sit still. |  |  |  |  |
| Becoming easily annoyed or irritable. |  |  |  |  |
| Feeling afraid as if something awful might happen. |  |  |  |  |
|  | | | **Total GAD-7 Score** |  |