

Oxford CBT

# Referral Form.



Taking the first step in seeking help is often the hardest part of your treatment journey. In order to make this process as quick and smooth as possible, we would appreciate if you could complete this short form.

## CONTACT DETAILS:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Town/ City: \_\_\_\_\_ County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you consent to us contacting your GP? Yes  No

GP name and Surgery: \_\_\_\_\_

This second part is to help us to form an idea of your difficulties and which therapist is available and best suited to support you.

Please describe any difficulties you are currently experiencing:

When did you first notice them:

How are your current difficulties impacting on your daily life (e.g. Work/studies, relationships, family)?

Which days and times are you available for weekly sessions?

Mon  Tue  Wed  Thu  Fri  Sat  Sun

Where did you hear about us?

# Screening Tools.



Name. \_\_\_\_\_ Date. \_\_\_\_\_

## PHQ-9.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly everyday
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. 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.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

PHQ-9 Total Score

## GAD-7.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly everyday
1. Feeling nervous, anxious or on edge?	0	1	2	3
2. Not being able to stop or control worrying?	0	1	2	3
3. Worrying too much about different things?	0	1	2	3
4. Trouble relaxing?	0	1	2	3
5. Being so restless that it is hard to sit still?	0	1	2	3
6. Becoming easily annoyed or irritable?	0	1	2	3
7. Feeling afraid as if something awful might happen?	0	1	2	3

GAD-7 Total Score

## IAPT Phobia Scales.

Choose a number from the scale below to show how much you would avoid each of the situations or objects listed below, and then select the number in the box opposite the situation.

0	1	2	3	4	5	6	7	8
Wouldn't avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it

A17. Social situations due to a fear of being embarrassed or making a fool of yourself.

A18. Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness).

A19. Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying).

**IAPT Phobia Scales Total Score**  /24

## Work and Social Adjustment Scale (WASA).

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

If you're retired or choose not to have a job for reasons unrelated to your problem, tick here:

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

1. **Work.** '0' means not at all impaired and '8' means very severely impaired to the point you can't work.

2. **Home management.** Cleaning, tidying, shopping, cooking, looking after home or children, paying bills.

3. **Social leisure activities.** With other people e.g. parties, bars, clubs, outings, visits, dating, home entertaining.

4. **Private leisure activities.** Done alone, such as reading, gardening, collecting, sewing, walking alone.

5. **Family and relationships.** Forming and maintaining close relationships with others, including those you live with.

**Work and Social Adjustment Scale Total Score**  /40