**Thank you for completing and returning your Pre-assessment form. This will help us to help you as best as possible.**

**How did you find us:**

Recommendation Google Bing Online directory Social media Poster Other

**Title:** *Miss Mrs Ms Mr Mx Dr Prof Rev Other*

**Full name:**

**Date of Birth: Age:**

**Weight (kg or stones): Height (m or ft): Pulse: Blood Pressure:**

**Home address, Contact telephone number, & Email address:**

**Gender Identity:** M F Non-binary Transgender Intersex Other Prefer not to say

**Sexual Orientation:** Heterosexual Gay or Lesbian Bisexual Other Prefer not to say

**Present marital or relationship status:**

**Number of children & respective ages. Are they living with you or someone else?**

**Current housing situation (homeless, renting, homeowner, flat, house):**

**Past & Present employment:**

**GP name, practice address, & NHS Email address:**

**What are your current problems and stresses? How long for? What’s the history? Any triggers?**

**Family history of Physical or Mental illness. How many siblings do you have?**

**Your place of birth. Any birth or early developmental problems? Relationship with your parents. Any past abuse, neglect, or trauma?**

**Any problems during childhood or adolescence or at school? Any qualifications?**

**Have you used alcohol, cigarettes, or any other substances? If so, how much & for how long? Any current use? Have you ever had a fit or seizure?**

**Have you ever been in trouble with the Police, charge, convicted or been to prison? Any pending Court case(s)?**

**Past & Present Physical Health problems, and any past Physical Health Hospital admissions.**

**Past & Present Mental Health problems, and any past Mental Health Hospital admissions. Have you ever seen a Psychiatrist (Dr), Psychologist or Counsellor before? If so, when, where & why?**

**Past & Present prescribed Medications or Treatment, and any Allergies:**

**How is your mood? How much would you rate it out of 10 (10 being the best)?**

**How are your sleep and appetite?**

**Do you feel hopeful about your future?**

**What are your hobbies or interests, now and in the past?**

**Worries, fears or obsessions. If so, for how long:**

**Any Unusual experiences e.g. hallucinations, paranoia or delusional beliefs. If so, for how long:**

**Problems with your focus, attention, concentration, or memory. If so, for how long:**

**Previous or current thoughts, plans, or acts of self-harm, harming others, taking your life or someone else’s. If so, for how long:**

**What are your specific and realistic Goals for assessment and treatment?**

**Do you consent to:**

**Sharing relevant information with your GP, e.g. medication recommendations? Yes / No**

**IamPsychiatry securely keeping your personal information temporarily to assist your recovery? Yes / No**

**I confirm that the above information I have provided to IamPsychiatry is accurate and truthful to the best of my knowledge. I agree to follow IamPsychiatry’s terms and conditions of assessment and treatment. Otherwise, I accept that IamPsychiatry may discharge me immediately.**

***Please sign & date below***

**Signed: Date:**

**Please email your completed form to** **IamPsychiatryEnquiries@gmail.com****. A recent GP medical summary would also be helpful for further information.**

**We will be in touch with you soon.**