

Children & Young People's Wellbeing Service Application Form

Name		Gender	
Date of Birth	Year group	Ethnicity	
NHS number (if known)			
Home address			
School			
Do you have a disability? If yes please specify	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Name of GP			
GP Address			
Phone Number	Consent to inform GP of referral to our service: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Parent/Carer			
Ethnicity	Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
First Language			
Day time telephone number	Evening telephone number		
Email address			
Which intervention do you feel appropriate?	Anxiety/Worry <input type="checkbox"/> Low Mood/Lack of motivation <input type="checkbox"/> Sleep difficulties Anxiety <input type="checkbox"/>		
Have you tried any other services? If yes please specify	No <input type="checkbox"/> Yes <input type="checkbox"/>		

<p style="text-align: center;">Please give a brief description of the difficulties which you are experiencing, including how long the difficulties have been around for and the impact on everyday life:</p>
<p>Is there anything which has been tried to help with these difficulties?</p>
<p style="text-align: center;">Are there any other things you think it would be helpful to let us know about? (e.g. parental relationship difficulties, recent bereavements or other changes in circumstances)</p>
<p>Completed by (name): Signature: Date:</p>

Please return application to WandsworthWP@swlstg.nhs.uk