APPLICATION FOR CONSULTATION WITH THE SAP CLINIC

# Part 3- PERSONAL DETAILS

The following information is for the confidential use of The SAP Clinic.

# 1. Personal

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | Click here to enter text. | Title: | Click here to enter text. |
| First name: | Click here to enter text. | Gender | Click here to enter text. |
| Home address | Click here to enter text. |
| Post code | Click here to enter text. |

# 2. Contact

|  |  |
| --- | --- |
| First preferred contact telephone number: | Click here to enter text. |
| May we leave a message? |  [ ]  Yes [ ]  No |
| Second preferred contact telephone number: | Click here to enter text. |
| May we leave a message? |  [ ] Yes [ ] No |
| E-mail | Click here to enter text. |
| May we contact you by e-mail? |  [ ] Yes [ ] No |
| Preferred form of contact |  [ ] Email [ ] Phone [ ] Post |

# 3. About you

|  |  |  |  |
| --- | --- | --- | --- |
| My age | Click here to enter text. | Date of birth | Click here to enter text. |
| Nationality | Click here to enter text. | Ethnic background | Click here to enter text. |

My GP:

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Address | Click here to enter text. |
| Telephone | Click here to enter text. |

|  |  |
| --- | --- |
| I am currently  |  [ ] Employed [ ] Student [ ] Not employed |
| If employed: |  |
|  Salary (per month) | Click here to enter text. |
|  Location (postcode) | Click here to enter text. |
| If not employed: your circumstances and income per month | Click here to enter text. |

# 4. My availability for consultation and treatment:

(for example, daytime/evenings, near work/home)

|  |  |
| --- | --- |
| For consultation | Click here to enter text. |
| For treatment | Click here to enter text. |
| Your nearest public transport and how far you can travel | Click here to enter text. |

# 5. How did you hear about the SAP?

|  |
| --- |
| Click here to enter text. |

# 6. Do you require any disability assistance when you attend the appointment?

|  |  |
| --- | --- |
| [ ] Yes |  [ ] No |

# 7. Do you have any plans to train as a psychotherapist or analyst?

|  |  |
| --- | --- |
| [ ] Yes |  [ ] No |

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PART 4 – APPLICATION FORM

We realise that it can be difficult to write about personal problems, but it would be helpful if you can be as honest and open as possible in completing this form. The Clinic will treat this information as confidential. Notes are given after each heading to help you, but feel free to add further comments as you wish.

1. Your current problems

(Please explain what is troubling you and how this affects you)

Click here to enter text.

2. What prompted you to contact us?

(Please let us know what led you to contact us and why at this time)

Click here to enter text.

3. Time-line and your family background and history

(In a few words – and as far as you can recall – please describe your early-life relationships with your mother, your father, your brothers/sisters (if any) and other important family relationships)

Click here to enter text.

4. Childhood

(Again using a few words which seem to fit, give us an idea of how things were in childhood and add any significant experiences which stand out in your mind)

Click here to enter text.

5. School and any other education

(How did you experience school and what happened after school and/or other education you may have undertaken)

Click here to enter text.

6. Employment

(Please tell us if you currently work and your current and previous jobs. If you do not work, what are your current circumstances?)

Click here to enter text.

7. Relationships

(Please give us an idea of how you have experienced important personal relationships in the past and present. It would be helpful to know if you can say if you see any patterns in these relationships across time)

Click here to enter text.

8. Dreams

(Please tell us about a recent dream you may recall, or themes you’ve noticed in dreams)

Click here to enter text.

9. Risk

(Have you previously made any attempt to end your life or to hurt yourself – or others – physically? If so, when and how? Have you any thoughts of suicide or other form of self-harm or made plans to do so?)

Click here to enter text.

10. Substance use

(Do you take alcohol – if so, how may units per week do you estimate you take? Do you take any drugs which are not prescribed? If so, what substance, how often and when was this last taken? It is helpful to describe any past and present use of alcohol and drugs)

Click here to enter text.

11. Other psychological help along the way

(Have you had any form of psychological treatment – including psychiatric, counselling, psychotherapy – before? If so, please give approximate dates – or your age at the time – and what type of treatment or therapy you received and for how long, and if it was helpful)

Click here to enter text.

12. Medical/physical health conditions

(Do you have any serious medical/physical health conditions?)

Click here to enter text.

13. Current psychological treatment

(Are you currently seeing any professional for psychological help and how long have you been in this treatment? If this is the case, please give their name, title and contact details. If treatment had ended recently, when did it end?)

Click here to enter text.

14. Medication

(Do you take medication for psychological reasons? If so, please give name of medication, dosage and frequency and who prescribed this)

Click here to enter text.

15. Finance and affordability

(In order to give an idea of your affordability, please indicate your current gross salary or other income and how much is affordable each week for your psychological treatment)

Click here to enter text.

16. Further information

(You have taken some time to answer our questions. But we realise we may not have captured the full picture with our questions. If there is anything else you would like us to know, we would be interested to hear more. Please add anything below – or on additional sheets – which you feel is important and add further sheets if necessary)

Click here to enter text.

17. Your Consent for the SAP to use your answers

I give permission for the SAP to store the information I have provided in these forms (Parts 3 and 4) and to use it to make a decision about my treatment with the Clinic.

Name Click here to enter text.

Date Click here to enter text.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.

Please return this form:

By e-mail to:**clinic@thesap.org.uk**

If you choose to use e-mail, we advise you to return it to us password-protected. You will find in Part 3 – Notes for Guidance – advice on returning your e-mail in this protected way.

**By post to: The SAP Clinic, 1 Daleham Gardens, London NW3 5BY**

**Any questions?**

If you have any questions at this stage, the clinic telephone number is 020 7435 7696

Ethnicity

So we can monitor the use of our services, would you kindly complete the attached ethnicity form and return with your application.

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# Ethnicity Monitoring Form

|  |  |
| --- | --- |
| **WHITE**[ ] English/Welsh/Scottish/Irish/British[ ] Gypsy or Irish Traveller[ ] Any other backgroundClick or tap here to enter text.**MIXED/MULTIPLE ETHNIC GROUPS** [x] White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other Mixed/Multiple ethnic background Click or tap here to enter text.**ASIAN/ASIAN BRITISH**  [x] Indian [ ] Pakistani [ ] Bangladeshi [ ] Chinese [ ] Any other Asian background  Click or tap here to enter text. | **BLACK AFRICAN/CARIBBEAN/BLACK BRITISH**  [ ] African [ ] Caribbean [ ] Any other Black/African/Caribbean background Click or tap here to enter text.**OTHER ETHNIC GROUP** [x] Arab [ ] Any other Ethnic group Click or tap here to enter text.  |