Do you have a long term condition:		
No Heart Failure		
☐ Cancer ☐ Epilepsy		
Chronic Pain Dementia	2,745	
☐ Diabetes ☐ Other		
Are you a Military Veteran?: Yes/No*		
Are you pregnant or have you had a baby in the past 12 months? Yes/No*		
Ethnicity:		
☐ White British ☐ Mixed ☐ Asian or Asian British		
☐ Black or Black British ☐ Other Ethnic Groups		
Next of Kin:		
GP Name & Surgery:		
Phone Number:		
First Language:		
Interpreter required:	es/No*	
Once you have completed your form please post to:		
Mindsmatter Blackburn with Darwen		
Lancashire Care NHS Trust		
Daisyfield Mill		
Appleby St		
Blackburn BB1 3BL		
DD I DDL		

Freepost versions of this leaflet are available - please ring the number above or see your G.P

www.lancashirecare.nhs.uk/Mindsmatter

01254 226037



Other sources of information:

The Wellbeing and Mental Health Helpline

This provides an information and listening service for people in Lancashire. It is available between 7:00pm and 11:00pm Mondays to Fridays and from 12:00 noon until 12:00 midnight on Saturdays and Sundays. **Freephone 0800 915 4640.**

Hearing Feedback

If you wish to pay a compliment about the Trust's services, make a comment, raise a concern or complaint, please contact the Hearing Feedback Team on 01772 695315, freephone 0808 144 1010 or email Hearing.Feedback@Lancashirecare.nhs.uk.

If you have problems reading the print we can provide this leaflet in large print, audio book or Braille.

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आ हस्तावेश विनंती કરવાથી गुशरातीमां मणी रहेशे.
ਇਹ ਦਸਤਾਵੇਜ਼ ਮੰਗ ਕੇ ਪੰਜਾਬੀ ਵਿਚ ਵੀ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।
- でいっしょつでいる

W przypadku jakichkolwiek problemow z odczytaniem tekstu z przyjamnoscia dstarczymy Panstwu ulotke z duzym drukiem, tasme do odluchu lub tekst w jezyku Braille.

Copies of this leaflet are available from:

Lancashire Care NHS Foundation Trust, Sceptre Point, Sceptre Way, Walton Summit, Preston PR5 6AW

Tel: 01772 695300

Email: communications@lancashirecare.nhs.uk
Website: www.lancashirecare.nhs.uk

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Data Protection

Lancashire Care NHS Foundation Trust adheres to The Data Protection Act 1998. The Trust will endeavour to ensure that your information remains secure and confidential at all times. For further information regarding data protection please visit the Trust's website or ask a member of staff for a copy of our leaflet entitled "Sharing Information With US".

Date Produced: February 2016

Review Date: February 2017

Leaflet Code: LAN232 Name of Leaflet: Self-Referral: Blackburn with Darwen







"Where can I find support for Stress, Anxiety, Low Mood and Sleep difficulties?"





Service Information

1 in 4 of us experience common difficulties such as stress, anxiety and low mood at some stage in our lives.

If we are affected for more than a few weeks then our local Mindsmatter Service can help.

Mindsmatter Services provide psychological interventions such as self-help materials, groups, workshops and 1:1 therapy to people aged 16 and above registered with a G.P.

Having the chance to talk through or find new solutions to our difficulties can make all the difference.

Important Information

Please note that Mindsmatter
Services offer short-term
psychological interventions for
people who experience common
mental health problems and
cannot provide an urgent/
emergency service. If you feel
at risk of harming yourself, or
someone else, please contact
your GP or for immediate support
call 111.

How do I refer myself to the Mindsmatter Service?

- Go to www.lancashirecare.nhs.uk/Mindsmatter for our Online Referral Form
- Telephone the Blackburn with Darwen team on 01254 226037 (Mon-Fri 9am-5pm)
- Fill in this self-referral form and post it to us at the address on the back page.

What will happen once I have referred myself?

You will be offered an initial welcome call appointment. At the end of this telephone welcome call you and the Mindsmatter practitioner can agree the next step together.

Depending on your individual needs we will make sure you receive the most appropriate, suitable, timely and accessible intervention to help you.

We will keep your GP informed with your progress unless you explicitly request us not to.

Self Referral Form

Whichever way you choose to refer yourself, please provide as much of the following information as you can as this will help us see you as quickly as possible.

Delete as necessa	y*	
Date:	ate: NHS number (if known)	
Title:	/	
	(e.g. Mr, Mrs, Miss etc.)	
Full Name:		
Date of Birth:		
Date of Birth	(DD MM YYYY)	
Address:		
	Postcode:	
Phone Number (indicate if we can leave a message and if there are times when you are not available)		
Home:	Yes/No*	
Work:	Yes/No*	
Mobile:	Yes/No*	
Can we send you	appointment	
nformation by te	xt Yes/No*	
Please sign here:		

