**ASSESSMENT FORM Ref:**

|  |
| --- |
| **This service is only available to students, those receiving benefits or earning up to £25,000. Please answer the following questions as fully as you are able to.*****All the information you give us will remain confidential to AGIP*.** |

|  |  |
| --- | --- |
| First name:  |  |
| Surname: |  |
| Date of birth: |  |
| Address:  |  |
| Postcode & London Borough: |   |
| Email: |  |
| Can email you at this address?  | Yes [ ]              No  [ ]  |
| Mobile and/or Landline:  |  |
| Is it ok to leave a message |
| (a) with someone answering your phone | Yes [ ]              No  [ ]  |
| (b) on your answer machine             | Yes [ ]              No  [ ]  |
| Where is your place of birth?  |  |
| How long have you lived in the UK? (if applicable) |  |
| Do you have a disability or mobility issues? | Yes [ ]              No  [ ]  |
| *If yes, please provide more information:* |  |
| Is this your first time to contact AGIP?  | Yes [ ]              No  [ ]  |
| *If no, please provide more details:* |  |
| To protect your confidentiality, please let us know if any of your family members or friends have or are currently attending AGIP:  | Yes [ ]              No  [ ]  |
| *If yes, please state name and relationship:*  |  |
| Your GP’s name, address & phone: |  |
| Have you had counselling/therapy before? | Yes [ ]              No  [ ]  |
| *If yes, please can you tell us where and when?*  |  |
| Was it helpful?  | Yes [ ]              No  [ ]  |
| Are you seeing or have you ever seen a psychiatrist?  | Yes [ ]              No  [ ]  |
| *If yes, please can you tell us when and what treatment was recommended?* |  |
| Psychiatrist’s name: |  |
| Phone: |  |
| Are you on any medication?  | Yes [ ]              No  [ ]  |
| *If yes, please can you give us details:* |  |
| Please state how much alcohol you drink per week. Does the amount you consume concern you? Have you a past or current substance misuse history? |  |
| Please comment on your general physical health. Have you had any serious illnesses or accidents at any time in your life? |  |
| Have you ever attempted suicide? If so, please give details including dates. | Yes [ ]              No  [ ]  |
| Please tell us about your Mother & Father.  | What is their age now or at their death?Occupation of Mother:Occupation of Father:If deceased, your own age when they died: |
| Please tell us something about your childhood and family or other people you grew up with. Please include any changes or separations you experienced. |  |
| Are you single, married, living with a partner, separated, divorced or widowed?  |  |
| Do you have any children, including step/adopted children? Please list them in order of age. |  |
| How did you hear about AGIP?  | On line research / Web [ ]  Friend or family [ ] Support organisation [ ] Other [ ] *Please provide more details:* |
| Please let us know about your availability for appointments.Please try to be as flexible as possible. |  |
| It might be important for us to know why you are referring yourself to AGIP at this time. This form cannot cover every aspect of your life and some factors which you consider important may have been left out. You will have time to talk in greater detail at the assessment interview. If there is any other information that you would like us to know before the assessment interview, please continue below:Only share information on this form if this feels appropriate.*Please continue onto a separate sheet if you need to.* |  |

|  |
| --- |
| **Thank you for filling in this form.** **Please return it by email to** clinical@agip.org.uk **or by post to: AGIP, 1 Fairbridge Road, London, N19 3EW**  |

**EQUALITY AND DIVERSITY**

**This information is to help us ensure that we are reaching all sections of the community**

|  |  |
| --- | --- |
| **Gender**  | Male [ ]  Female [ ] Other [ ]  |
| **What is your ethnic group:** |  |
| **White** | British [ ] Irish [ ] Gypsy/Irish traveller [ ]  Any other white background, please give more details below:  |
| **Asian/Asian British** | Indian [ ] Pakistani [ ] Bangladeshi [ ] Chinese [ ] Any other Asian background, please give more details below: |
| **Mixed/multi ethnic groups** | White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other mixed/multiple ethnic background: please give more details: |
| **Black/African/Caribbean/Black British** | African [ ] Caribbean [ ] Any other black/African/Caribbean background, please give more details: |
| **Any other ethnic group** | Arab [ ] Any other ethnic group, please give more details: |
| **Employment** | Working full-time [ ]  Working part-time [ ] Unemployed [ ] Retired/pension [ ] Student [ ] Carer [ ] Full-time Parent [ ] Long term sick/disabled [ ] Other: [ ] Benefits [ ]  |
| **Sexual orientation** | Heterosexual/straight [ ] Gay Woman/lesbian [ ] Gay Man [ ] Bisexual [ ] Other [ ] Prefer not to say [ ]  |
| **Personal status** | Single [ ] Co-habiting [ ] Married/civil partnership [ ] Widowed [ ]  |
| **Education** | GCSE/College Levels [ ] A/ levels [ ] Degree [ ] Professional qualifications [ ] No qualifications [ ]  |
|  |  |
| **Thank you for filling in this form.** **Please return it by email to** clinical@agip.org.uk **or by post to: AGIP, 1 Fairbridge Road, London, N19 3EW**  |