



Self-Referral form

Please complete this form and return by post to:

MHIWS,
Block A,
Royal Cornhill Hospital,
Cornhill Road,
Aberdeen AB25 2ZH

Your details:

Name:

Date of birth:

Address (including postcode):

Phone number:

Email address:

Your GP details:

Next of Kin or emergency contact details

Name:

Phone number:



What is your main area of concern?

(Choose one only)

Your lifestyle

Looking after yourself

Feeling positive

Managing symptoms

Family & Friends

Where you live

Money worries

Work / volunteering / other activities

Something else – please specify:

**Initial appointments take place on Wednesday, Thursday or Friday Am or PM
– please choose which would be best for you:**

Wednesday AM

Wednesday PM

Thursday AM

Thursday PM

Friday AM

Friday PM

We will email you the details of your appointment.

Do you currently receive support or care from any of these services:

Psychiatry

Social Work

Community Psychiatric Nurse