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**Individuals Request for**

**Services form**

Date: 31/08/2021

First name:

Last name

Date of birth:

Address:

Email:

Contact number: Mobile: landline:

Preferred days and times for consistent appointments:

Have you previously engaged with Mental health or Psychological services: Yes / No

* Will another referral from your GP, Counsellor, Mental health worker be sent through?
* Presenting issues (what issues are you experiencing that you would like to resolve)
* How long has it been happening?
* Current and past medications (mental health related only)
* History of involvement with mental health services in the past (if any)
* Reason for self-referral:

Email your completed form to: [reception@anxiety.org.nz](mailto:reception@anxiety.org.nz)

Thank you and we will be in touch shortly. Kindest regards, Anxiety New Zealand Trust.

**Support, Treatment and Education for Anxiety and Depression.**

**T:** 09 846 9776 **|** **W:** anxiety.org.nz **|** 24-hour Anxiety helpline: **0800 269 4389** 0800 ANXIETY

PO Box 41133, St Lukes, Auckland 1346. **|** 77 Morningside Drive, Mt Albert, Auckland 1025 **|** **F:** 09 849 2375

If you need urgent assistance outside of office hours, please call our free 24 hours - 7 days a week national anxiety line. Clinicians as well as highly skilled volunteers have been trained in relaxation techniques and breathing exercises. 24-hour National Anxiety Line: 0800 ANXIETY (0800 269 4389).