

Application for Admission

Psychological Wellbeing – IN-PATIENT – CONFIDENTIAL

Patient Name:	Date of Birth:		
Condition Applied For:			
Diagnosis / Presenting Condition: 			
Duration of symptoms: 			
Underlying conditions/relevant medical history including dates: 			
Ongoing investigation/treatment: 			
Medication?	YES ☐	NO ☐	If YES to any question, please complete the relevant following section.
Allergies?	YES ☐	NO ☐	
Limited Mobility or Risk of Falls?	YES ☐	NO ☐	
Medication: 			
Allergies: 			
Mobility or risk of Falls: 			

Signature of Medical Officer or Occupational Health Nurse or G.P or Psychologist or Psychiatrist or Treating Counsellor (if BACP registered)

The PW Programme is suitable for those with mild to moderate anxiety and depression. By signing this form I confirm that I have seen a completed GAD-7 and PHQ-9 questionnaire from the applicant. I confirm that I agree that the individual meets the definition of mild to moderate symptoms and has no significant risk factors.

Certified by (signature):

Print Name:

Date:

Occupation:

Registration Number:

Address:

Post Code:

Telephone Number:

Email: