

Self-Referral Form



Elate Health

Name: _____

DOB or Age: _____

Address: _____

Email: _____

Mobile: _____

How would you like us to contact you?



GP Details

Name: _____

Address: _____

Phone Number: _____

How can we help?

Is there anything else you wish to add?

What prompted you to contact us now?

Have you ever had any treatment for mental health difficulties before?

If so, did you receive a diagnosis?

What medication, if any, are you taking at present?

What support do you have at present?

Have you ever been in trouble with the law?

Is there anything else you wish to tell us?

Thank you for taking the time to complete this form, please email the form back to info@elatehealth.co.uk and one of the team will be in touch within 48 hours.