



Cynllun Cynorthwyo Gwaed
Heintiedig Cymru

Wales Infected Blood
Support Scheme

Emotional Wellbeing Service Self Referral Form

Title:		Full Name:	
Gender:		Date of Birth:	
NHS Number (if known)			
Full address:			
Post code:			
Telephone numbers			

Home:		Can a message be left?	Y/N
Mobile:			Y/N
Email:			
GP Name:			
How would you prefer to be contacted: Landline/Mobile/Email/Post? (Please circle all those that apply)			
GP Address:	NB. We will not contact your GP without your knowledge.		
GP Telephone number:			
Are you a WIBSS client or a family member?			

Current Difficulties
Please describe the problem(s) you would like help with:
How long have you experienced this?
Do you have any ongoing physical health problems? Please specify
What help/support are you currently receiving?