



## Oxford CBT Referral Form

Taking the first step in seeking help is often the hardest part of your treatment journey. In order to make this process as quick and smooth as possible, we would appreciate if you could complete this short form.

First name  Last name:  Date of Birth

Address:

Town/ City:  Postcode

Telephone Number:

Do you consent to us contacting your GP?  YES  NO

Surgery  Email address

This second part is to help us to form an idea of your difficulties and which therapist is available and best suited to support you.

Please describe any difficulties you are currently experiencing:

When did you first notice them:

How are your current difficulties impacting on your daily life (e.g. Work/studies, relationships, family)?

Which days and times are you available for weekly sessions?

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Where did you hear about us?