

Scottish Infected Blood Psychology Service Self-referral form

Please complete this form and return it to **The Scottish Infected Blood Psychology Service, Health Psychology Department, Astley Ainslie Hospital, Edinburgh, EH9 2HL**. Once we have received your form, a member of the service will contact you.

About you			
Title:		Full Name:	
What do you prefer to be called?			
Gender:		Date of Birth:	

Contact details			
Address:			
Postcode:	Can a message be left?		
Home tel number:	Y/N		
Mobile number:	Y/N		
Email:			
•••	contacted: Landline/Mobile/Email/Post? nications can be sent via email		

GP contact details		
GP Name:		
GP Address:		
	NB. We will not contact your GP without your knowledge.	
GP tel number:		

Please briefly describe the problem(s) you would like help with: