



TALKWORKS Group & Workshop Attendance Form

Name of workshop you want to book: Pembroke House Surgery 'TALKWORKS For

Improving Sleep"- Sunday 16th July at 10am Mr/Ms/Mrs/Miss Full name: Date of Birth: **GP Practice:** Have you previously contacted the TALKWORKS service (formerly The Depression and **Anxiety Service)?:** Address: Contact landline: Contact Mobile: OK to leave a message Y/N OK to leave a message Y/N OK for Text app reminder Y/N Email Address:

Your details are retained on our secure electronic system, which is treated with strict confidentiality. They will not be shared with anyone else unless there are safety concerns.

We routinely collect and forward statistical data and any feedback you may have about the service, to the Department of Health for general statistical purposes and reporting, no identifiable details are used

If you have any concerns regarding the above, please contact us on 0300 555 3344.

Are you currently pregnant or have a child under the age of 2? Y/N

Have you been diagnosed with any Physical Long Term Health Condition which you feel impacts on your Mental Health? Y/N

If yes, please give summary below:

Do you have any mobility, sight or hearing problems which we need to be aware of? Y/N If yes, please give summary below:

Do you have any cultural or language issues that we need to be aware of? Y/N

Please return form to: dpt.talkworksworkshop@nhs.net