CherishED Self-Referral Form

About You

Full Name:

Preferred Name:

Date of Birth:

Address:

Telephone:

Email:

Preferred contact method:

Occupation (if applicable):

Emergency Contact:

Do you give permission for me to speak to your emergency contact?

- ☐ Yes
- ☐ No

GP Details

GP Practice:

GP Name:

GP Telephone:

Are you happy for CherishED to contact your GP if required for your safety?

- ☐ Yes
- ☐ No

Tell Me About Yourself

Why would you like to receive occupational therapy?

Your Eating Disorder

Have you received a diagnosis for:

- ☐ Anorexia Nervosa
- ☐ Bulimia Nervosa
- ☐ Binge Eating Disorder
- ☐ ARFID
- ☐ OSFED
- ☐ Not formally diagnosed

When did your difficulties begin?

How Does Your Eating Disorder Affect Everyday Life?

Please tick any areas that apply.

- ☐ Daily routines
- ☐ Personal care
- ☐ Meal preparation
- ☐ Shopping
- ☐ Work
- ☐ Education
- ☐ Relationships
- ☐ Social life
- ☐ Leisure
- ☐ Confidence
- ☐ Motivation
- ☐ Sensory experiences
- ☐ Managing emotions
- ☐ Identity
- ☐ Other

Please tell me more:

Current Support

Are you currently receiving support from:

- ☐ GP
- ☐ NHS Eating Disorder Service
- ☐ Private Therapist
- ☐ Dietitian
- ☐ Psychiatrist
- ☐ Community Mental Health Team
- ☐ No current support

If you are not receiving support, have you ever received eating disorder support?

Physical Health

Are you currently having regular physical health monitoring?

- ☐ Yes
- ☐ No

If yes, who provides this?

Safety

Have you experienced any of the following recently?

- ☐ Significant weight loss
- ☐ Fainting
- ☐ Self-harm
- ☐ Thoughts of suicide
- ☐ Recent hospital admission
- ☐ None of the above

If you answered yes, please tell me more:

Your Goals

What would you most like to achieve through occupational therapy?

Consent

- ☐ I understand CherishED provides occupational therapy rather than medical treatment.
- ☐ I understand CherishED is not an emergency service.
- ☐ I understand I may be advised to involve my GP where concerns about my physical or mental health arise.
- ☐ I consent to CherishED storing my information in accordance with UK GDPR and the CherishED Privacy Notice.

Signature

Date