



Bath and North East Somerset  
Clinical Commissioning Group

Developing Health and Independence

My Script

28 Southgate Street

Bath, B&NES

BA1 1TP

Telephone: 01225 310 077

Fax: 01225 425 215

Email: [mymycript@dh bath.org.uk](mailto:mymycript@dh bath.org.uk)

## Self-Referral Form

Please complete this form and return it to the address above and a member of the My Script team will contact you within ten working days. Alternatively you can phone the office on Mondays and Thursdays 9am – 1pm, or email us at [mymycript@dh bath.org.uk](mailto:mymycript@dh bath.org.uk) and we will contact you to arrange an assessment.

Date: \_\_\_\_\_

<b>Name:</b>	<b>DOB:</b>
<b>Address&amp; Postcode:</b>	<b>GP surgery and GP's name:</b>
<b>Can we write to you at this address:</b>	<b>NHS number:</b>
	<b>Can we share information about this referral your GP? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Tel:</b>	<b>Email address:</b>
<b>Can we ring you at this/these number/s:</b>	<b>Can we contact you by email:</b>
<b>Can we leave messages:</b>	

**My Script** staff will assess your needs and signpost you to services and organisations that can help you with your non-medical issues or concerns (i.e. finance, housing, leisure activities).

Please tell us about your current situation by ticking the relevant boxes:

	Good	Satisfactory	Unsatisfactory	Poor
Physical Health				
Emotional & Mental Health				
Making Decisions				
Financial Security				
Respect & Self Esteem				
Housing Issues				
Social Engagement				
Quality of Life				



**NHS**

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