

Self-Referral Form

Therapeutic Yoga

Thank you for your interest in referring to **Mindful Movers**, our **Therapeutic Yoga Group** with the **Brandon Centre**. This project is generously funded by the London Marathon Foundation's Active Spaces Fund. This is a six-week, group-based therapeutic yoga programme, led by a qualified Yoga Teacher and supervised by a Clinical Psychologist. Its aim is to help young people who are currently underactive improve their physical and mental wellbeing.

Please complete this form, giving as much information as you can, and email the form to **yoga@brandoncentre.org.uk**

Once we have received your form, it is possible that someone from Brandon Centre may call you asking for more information about your referral. This is so that we have the necessary information to make sure that you're provided with the right kind of support. Please ensure you update us if your contact details change as we will send emails, texts and (in some cases) letters confirming session dates and times.

Therapeutic yoga draws on yoga therapy principles by joining psychological therapy models with activity to integrate the mind and body through movement, breath, meditation, and other regulatory practices. The physical benefits include increased flexibility, increased muscle strength and tone, weight reduction, improved respiration, increased energy and vitality and improved physical performance. The mental wellbeing benefits include increased mindful awareness and compassion, stress relief, improved sleep and the promotion of nervous system and emotion regulation.

This service is only available to young people aged 16-24, who either reside or have a registered GP in the boroughs of Camden or Islington:

Please tick the appropriate box below:

☐ Camden ☐ Islington

Need help immediately?

Please note that we are not an emergency service. If you need urgent support please contact your GP, or go to the nearest hospital A&E.

If you are under 18, you can call **Childline any time 24/7 on 0800 1111**; or you can call the **NCL Under 18s mental health crisis line on 0800 151 0023**.

If you are over 18, you can call the **24-hour Crisis Line on 020 3317 6333**.

Young Person's Details

Referral Date:			
First Name		Surname	
Date of Birth		Age	
Gender		Ethnicity	<i>Categories on final page</i>
Telephone number		Sexuality	<i>Categories on final page</i>
Email address			
Borough			
Home Address			
Postcode			
Consent to send letters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Preferred contact method			
Are you currently in education, employment, or training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, where?			
What is the name of your GP practice?			
Are you happy for us to contact your GP to let them know about your referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you received counselling or mental health support from other services?	Yes <input type="checkbox"/> Name of service:	No <input type="checkbox"/>	
If yes, do you give us concern to contact any of these services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you or your family ever had support from Social Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, do you give us consent to speak to Social Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Clinical Information

Why are you interested in Therapeutic Yoga at Brandon Centre?

How would you describe your current physical health (e.g. average activity level, aches or pains, any other health concerns, etc.)?

How would you describe your current mental health (e.g. your mood, sleep, eating, motivation, etc.)?

If you have been to counselling/therapy before, how did you find it?

Are you currently receiving any mental health support?

Have you ever been to a yoga class before? If so, how did you find it?

Is there anything else you think is important for us to know about in relation to your care (e.g. disabilities, medical problems, problems travelling to certain areas, etc.)?

Clinical Information

Many people who are feeling distressed, down or stressed have thoughts or urges to hurt themselves.

Are you currently experiencing thoughts of ending your life? Yes ☐ No ☐

If yes, do you feel like you can keep yourself safe? Yes ☐ No ☐

If you do not feel able to keep yourself safe and need urgent support please contact your GP, or go to the nearest hospital A&E.

If you are under 18, you can call Childline any time 24/7 on **0800 1111**; or if you are over 18 you can call the 24-hour Crisis Line on **020 3317 6333**.

If you've experienced thoughts of suicide in the past, or attempted to take your own life, please provide details below, including services you've accessed:

Have you ever experienced thoughts of self-harm? Yes, currently ☐ Yes, in the past ☐ No, never ☐

Have you ever acted on thoughts of self-harm? Yes, currently ☐ Yes, in the past ☐ No, never ☐

If you have deliberately harmed yourself in the past, please provide details below, including services you've accessed:

Is there a concern about drug or alcohol use? Yes ☐ No ☐

If yes, please tell us a bit more about this concern:

Young person's ethnic group (*Please choose one of the following*):

<p>Any other ethnic group <input type="checkbox"/></p> <p>Please state:</p> <p>Prefer not to say <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p>	<p>White</p> <p>White British <input type="checkbox"/></p> <p>White Irish <input type="checkbox"/></p> <p>Any other White background <input type="checkbox"/></p>	<p>Mixed</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p>
<p>Asian/Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p>	<p>Black/Black British</p> <p>Black Caribbean <input type="checkbox"/></p> <p>Black African <input type="checkbox"/></p> <p>Black British <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p>	<p>Chinese or other</p> <p>Chinese <input type="checkbox"/></p> <p>Middle Eastern <input type="checkbox"/></p>

Young person's sexuality (*Please choose one of the following*):

<p>Heterosexual/Straight <input type="checkbox"/></p> <p>Gay/Lesbian <input type="checkbox"/></p> <p>Bisexual <input type="checkbox"/></p> <p>Other:</p> <p>Prefer not to say <input type="checkbox"/></p>
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Please now complete the General Practice Physical Activity Questionnaire as well as the Short Warwick Edinburgh Wellbeing Scale (the last 2 pages of this form). This is required to successfully screen your referral.

General Practice Physical Activity Questionnaire:

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g. student, not in work for health reasons, full-time carer, etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the last week, how many hours did you spend on each of the following activities?

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work/school and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

- ☐ Slow pace (i.e. less than 3 mph)
- ☐ Steady average pace
- ☐ Brisk pace
- ☐ Fast pace (i.e. over 4 mph)

Short Warwick Edinburgh Wellbeing Scale:

Below are statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					