

**Parkinson's Care and Support UK**  
**Acceptance and Commitment Therapy (ACT) Self-Referral Form**



This self-referral form is a way to access Parkinson's Care and Support UK's ACT. ACT is particularly suitable for people who are either newly diagnosed with Parkinson's or who have YOPD (Young Onset Parkinson's Disease). The service encourages people to embrace their thoughts and feelings rather than fighting or feeling guilty for them. ACT is based on the idea that trying to rid ourselves of pain and distress increases it and turns it into something traumatic. The alternative is to accept it-but that does not mean giving up, being defeated or agreeing with suffering. Acceptance is an acknowledgement of and a willingness to allow these experiences.

**Personal details**

**Do you have Parkinson's**

- Yes
- No

**When were you diagnosed? .....**

**Title:**

- Mr
- Mrs
- Miss
- Ms
- Dr
- Rev
- Prof

**First Name .....**

**Last Name .....**

**Date of Birth .....**

**Gender:**

- Male
- Female
- Not specified

**Address 1** .....

**Address 2** .....

**Address 3** .....

**Town/City** .....

**County** .....

**Postcode** .....

**Home phone Number** .....

**Mobile Number** .....

**Can we text or leave a voicemail?**

- Yes
- No

**Email address** .....

**Sexuality:**

- Heterosexual
- Gay/Lesbian
- Bisexual
- Other
- Do not wish to say

### **GP Information**

**Name of GP** .....

**Name of GP Surgery** .....

**Address 1** .....

**Address 2** .....

**Address 3** .....

**Town/City** .....

**County** .....

**Postcode** .....

**Apart from Parkinson's, do you have any other long-term medical conditions?**

- Yes
- No

**If Yes, please provide details of your condition(s) .....**

**Do you currently or have you ever suffered from Anxiety?**

- Yes
- No

**If yes, please give details .....**

**Do you currently or have you ever suffered from Depression?**

- Yes
- No

**Do you currently or have you ever suffered from any of the following mental health disorders?**

- Schizophrenia or any other psychotic disorder
- Bi-polar
- PTSD (Post-traumatic stress disorder)
- Eating Disorder
- OCD (obsessive-compulsive disorder)
- Personality Disorder
- Any other mental health disorder

**Do you have any specific needs or disabilities that we may need to consider for this therapy – e.g. Hearing difficulties, need for interpreter?**

- Yes
- No

**If Yes, please describe .....**

**Read the following statements. Tick all that are true and apply to you.**

- I have difficulty accepting my Parkinson's diagnosis
- I have feelings of anger or upset due to my Parkinson's diagnosis
- I suffer from Low mood
- I do not know much about Parkinson's
- I often feel worried
- I feel fearful about the future
- I am not enjoying life currently
- I find it hard to express how I feel
- I am more socially withdrawn since my diagnosis
- I want to live as best as possible
- My health is important to me

**Please describe the problem you would like our ACT to address or help you to overcome**

.....  
.....

**How long have you had this problem? .....**

**Have you ever received or are you currently receiving ACT?**

- Yes
- No

**If Yes, please give details (e.g. what for, when and for how long) .....**

**Are you currently taking any medication?**

- Yes
- No

**If Yes, please give details .....**

**Are there any issues with alcohol or recreation drugs?**

**Alcohol:**

- Yes
- No

**If yes, please describe .....**

**Drugs:**

- Yes
- No

**If yes, please describe .....**

**Do you have any issues with receiving therapy via telephone?**

- Yes
- No

**If yes, please give detail .....**

**Do you have any issues with receiving therapy via ZOOM/ Videocall?**

- Yes
- No

**If yes, please give detail .....**

**Are you able to commit to weekly ACT?**

- Yes

- No

**Where did you hear about Parkinson’s Care and Support UK ACT service? .....**

**Do you use or have you used any of the following Parkinson’s Care and Support UK services? Please tick as appropriate.**

- Exercise
- Neurological Physiotherapy
- Respite Care
- PDTogether Groups
- Micrographia
- Parkinson’s CBT Helpline
- Parkinson’s ACT (Acceptance and Commitment Therapy)
- Parkinson’s Bereavement Support Line
- Parkinson’s Befriending and Companionship Network

**Data Protection and Consent**

**By applying for the Parkinson’s Care and Support UK ACT Service, I consent to:**

- My personal data being shared between my GP, Parkinson’s Care and Support UK and our therapists if required**
- Confidential information received sent from Parkinson’s Care and Support UK to their therapist, to be used for all purposes relating to the assessing my application and the carrying out of ACT.**

**I have read, understood, and acknowledge the information provided in this form to be true and by my signature below, give permission to share my personal data.**

**Patient Name**

.....

**Patient Signature:**

.....

**Date:**

.....

**Please note that the Parkinson’s Care and Support UK ACT service is not an emergency service. In the case of an emergency, we request that the patient contacts their GP or visit their local A&E department.**