

4. Are you happy for us to contact you if we require further information?

Yes No

If yes what is your preferred method of contact?

Email Post Telephone

5. Please tick the relevant boxes to let us know how you are happy for us to use the information you have provided. If you wish for us to disclose any of the information you have provided then please also sign and date.

I wish for details of my experience to be fed back to the A&E department/walk-in-centre/surgery however I do not wish to be named.

I wish for details of my experience to be fed back to the A&E department/ walk-in centre/surgery and I am happy to be named by NSHN.

I do not wish for NSHN to feed back any of this information.

I would like NSHN to provide some information on self harm to the A&E department/walk-in-centre/surgery.

6. Any further comments:

Signature: Date:

Contact us at:

NSHN, Po Box 7264, Nottingham NG1 6WJ

Email: info@nshn.co.uk

Website & Support Forum: www.nshn.co.uk

A registered charity number: 1106336

A company limited by guarantee: 04305979



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nshn

The National Self Harm Network



Self harm treatment feedback

Seeking help for an incident of self harm can be distressing. Some experiences with health care professionals following self harm are positive and some are negative. We would like to hear about your experiences so that we can offer support and training to those who could do better, and give praise where praise is due.

Your details

(If you wish to remain anonymous to us then please leave this section blank.)

Name:

Address:

Telephone:

Email:

1. **a)** Name of the professional who treated you (if known):

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b) Name of A&E department/walk-in-centre/surgery you attended:

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c) Address:

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2. **a)** Date:

b) Approximate time:

c) Reason for attending:

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3. **a)** Was your experience: Positive Negative Neither

b) Please describe your experience:

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c) What changes could this service provider make to ensure you and others have more positive experiences?

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