

# Plymouth Options

## Anxiety & Depression Service



# Workshop registration form

Please complete the form below and circle which workshop you are attending.

Anxiety    Assertiveness    Low Mood    Mindfulness    Panic    Sleep Well    Stress

Date of Workshop \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

GP Practice \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

# Please complete the form below

<b>Title</b>	<b>Nationality</b>	<b>Religion</b>	<b>Disability</b>
Mr	English	Baha'I	None
Mrs	Scottish	Buddhist	Behaviour & Emotional
Miss	Welsh	Christian	Hearing
Ms	Irish	Hindu	Memory or ability to
Dr	British	Jain	concentrate, learn or
Rev	Other	Jewish	understand (Learning Disability)
Prof		Muslim	Mobility & Gross Mobility
		Pagan	Other
		Sikh	Perception of Physical Danger
		Zoroastrian	Personal, Self-Care &
		Other	Continence
		None	Progressive Conditions &
		Decline to disclose	Physical Health
			Sight
			Speech

## **Marital Status**

Single  
Co-habiting  
Long term  
Married  
Civil Partnership  
Separated  
Divorced  
Widowed

## **Sexual Orientation**

Heterosexual  
Lesbian or Gay  
Bisexual  
Not stated  
Not known

## **Long Term Conditions**

None  
Asthma  
Cancer  
CFS/ME  
CHD (Chronic Heart Disease)  
Chronic Pain  
COPD (Chronic Obstructive Pulmonary Disease)  
Diabetes  
Epilepsy  
Medically Unexplained Conditions  
Other

## **Ethnic Origin**

White-British  
White-Irish  
Any other White background  
White & Black Caribbean  
White & Black African  
White & Asian  
Any other mixed background  
Asian or Asian British-Indian  
Asian or Asian British-Pakistani  
Asian or Asian British-Bangladeshi  
Asian or Asian British/any other Asian background  
Black or Black British-Caribbean  
Black or Black British-African

