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| --- |
| Click here to enter text.**ThinkWell Triage Assessment** |
|  |
| **Employee Details** |
| Employee Name | Click here to enter text. |
| Employee Reference(to be quoted on invoices) | Click here to enter text. |
| Date of Triage Assessment | Click here to enter text. |
| Provider Company & Name of Assessor  | Click here to enter text. |
| Outcome of Assessment | Click here to enter text. |
| Onward Referral Requirements(Please Select One) | No further support required. Self-help materials provided at triage.  | [ ]  |
| Digital Counselling  | [ ]  |
| Face to Face Counselling (Identify any specific needs below). | [ ]  |
| Not appropriate for ThinkWell support. Signposted to alternative support. (Provide details to ThinkWell by email.) | [ ]  |
| Any individual need for onward referral e.g. location, provider specialism. Click here to enter text. |
| Manager referral [ ]  | Self referral [ ]  |
| Interim Advice Provided to Employee | Click here to enter text. |
| Managers Name(Manager referral only) | Click here to enter text. |
| Interim Advice for Manager(Manager referral only) | Click here to enter text. |

**Manager Referral -** on completion of this form please ensure a copy is emailed to the manager, copying in Think.Well@staffordshire.gov.uk Clinical scores should be emails to ThinkWell.

**Self-Referrals -** on completion of this form email to Think.Well@staffordshire.gov.uk