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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](mailto: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](mailto:Think.Well@staffordshire.gov.uk)