

# I Would Like To Receive Support



Mind Lancashire

**My name is:** \_\_\_\_\_

**I have taken an overdose:** Yes  No

What of and when?

**I have self injured:** Yes  No

Use this space if you wish to give any further details

**I have also drunk alcohol:** Yes  No

**I was feeling:**

Sad	<input type="checkbox"/>	Isolated/lonely	<input type="checkbox"/>
Angry	<input type="checkbox"/>	Unloved	<input type="checkbox"/>
Stressed	<input type="checkbox"/>	Worthless	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	Overwhelmed	<input type="checkbox"/>

**What happened to make me feel this way:**