

# Help your GP help you too

This form will help your GP to gain an insight into your mind health at your first visit. Fill out the form before you visit your GP, and be honest with yourself about how you are **thinking, feeling** and **behaving**.

**What 3 things do you worry about consistently / keep you awake at night?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**When was the last time you remember feeling great, compared to now?**

<i>Last felt great</i>	<i>Now</i>
<b>Thinking</b>	
<b>Feeling</b>	
<b>Behaving</b>	