

I have self-harmed
and would like to
receive treatment



NHS

Cheshire and Merseyside

I have taken an overdose of

(name, tablet or substance)

Amount taken _____

Date taken _____

Time taken _____

I have also drunk alcohol

Amount _____

I have harmed myself by

Cutting

Burning

Other

The location of my injury is

Left arm

Right arm

Left leg

Right leg

Stomach

Other
