## **Professionally Led IAM Submission**

Name of TYA patient:	
Name of professional completing IAM:	
Date:	

Please score each domain 0-3, using Appendix 4 to guide your assessment

Domain	Score (0 – 3)
Where I am now	
Physical wellbeing	
Friends, family and relationships	
Education and work	
Housing, transport and finance	
Interests and social life	
Lifestyle	
Sex, sexuality and fertility	
Thoughts and feelings	
Faith, spirituality and culture	

Please email the completed IAM to: <a href="mailto:uhb-tr.tyamdat@nhs.net">uhb-tr.tyamdat@nhs.net</a>