**Self-Referral Form**

***N.B. We have to ask these questions in order to provide our clients with the service that they need. All data is held is the strictest of confidence and in accordance with Data Protection legislation. Details of our privacy statement are available on request.***

**Please fill in with as much detail as possible**:

|  |
| --- |
| **CLIENT DETAILS** |
| **Full name:** |  | **Date of Birth:** |  |
| **Age:** |  |
|  |
| **Address:** |  | **Is it safe to write to you at this address?** | **Y** | **N** |
| **Home #** |  | **Is it safe to call?** | **Y** | **N** | **Is it safe to leave a message?** | **Y** | **N** |
| **Mobile #** |  | **Is it safe to call?** | **Y** | **N** | **Is it safe to leave a message?** | **Y** | **N** |
| **Work #** |  | **Is it safe to call?** | **Y** | **N** | **Is it safe to leave a message?** | **Y** | **N** |
| **Email:** |  | **Is it safe to email you?** | **Y** | **N** |
| **Emergency contact details:**  |  |
| **What is your preferred form of contact?** |  |
| **What prompted you to contact us at this time?** |  |
| **Have you previously had counselling?** |  |
| **WHICH OF OUR SERVICES WOULD YOU LIKE TO ACCESS?** *Please tick preference(s)* |
| **One to one counselling** |  | **Support work**  |  |
| **Any other support needed?**  |  |
| **Brief outline of presenting issues and reason for referral:** |  |

|  |  |
| --- | --- |
| **GP’s name:** |  |
| **GP’s Address:** |  |
| **GP’s Phone Number:** |  |
| **Are any other professionals working with you?**  |  |
| **What is your preferred method of counselling? telephone, online or n person?** |  |