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| **Client Ref No:**  |

 **Adult Referral Form**

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| Client Name: Preferred name: Which pronouns would you wish, the counsellor working with you, to use? **(Please circle)**She, her, hers; He, him, hisThem, they, theirs | Referral Date: How do you wish to identify in the counselling relationship? **(Please circle)**Female; Male; TransgenderNon-binary; Prefer not to disclose at this stage |
| Client Address: | Please circle as appropriate: |
|  | Confirm if CC can send by post YES / NO |
|  | Confirm if CC can leave telephone message |
|  |  YES / NO |
| Date of Birth:Age:  | Telephone number for counsellor to ring to continue the session in the event of an online technical fault: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address:  | **Emergency contact details:** |
| Contact No:  | 1.: Name |
| Resident with: Children / Partner | Relationship to you:  |
| Carer / Alone / Others | Telephone No:  |
| GP details:  | 2 Name: |
|  | Relationship to you: |
|  | Telephone No: |

Please circle the most appropriate description/preference

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| **Disability description** | **Session Medium preference** |
| Learning difficulty / Physical impairment | Face to face / Zoom / telephone |
| Sensory impairment / other | What’s App video |

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| Please tick if you identify with any of the following: |  |
| * Key Worker
 | x |
| * NHS (COVID-19)
 |  |
| * Income support
 |  |
| * Income-base job seekers allowance
 |  |
| * Income-base employment and support
 |  |
| * Housing benefit
 |  |
| * Veteran or military family member
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| What is your availability for counselling? |
| What issues are bringing you to counselling now: |
| Have you had any adverse childhood experiences and if so what were they? |

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| Have you had any traumatic events in adulthood and if so what were they? |

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| Action taken: |

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| **OFFICE USE ONLY** Allocated Counsellor: ................................... Date: ………………… Location: ..............................  |

**Returning the completed application forms:**

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| If returning the completed application form by email: |
| <Katie.communitycounselling@gmail.com> |
| Encrypt the email and attachment (password protect) and ensure that only the addressee in the e-mail address has the password to access the encrypted email. |