**USW Therapy**

REFERRAL FORM

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Date of Referral** | |  | | | |
| **Name** |  | | **Date of Birth** | |  | | | |
| **Address** |  | | **Gender** *(delete as appropriate)* | | Male / Female Other / Prefer not to say | | | |
| **Home Phone** |  | **Mobile Phone** | |  | | | | |
| **Email** |  | | **OK to leave voicemail/text?** | | | | | Yes / No |
| **Please list any safety concerns we need to be aware of regarding safe contact of the above named person:** | | | | | | | | |
|  | | | | | | | | |
| **Does the above named person prefer to receive communication in Welsh or English?** | | | | | | Welsh | English | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Surgery** |  | **Primary GP** |  |
| **Is the above named person involved with any other mental health professionals:** | | | |
|  | | | |
| **If so, does the above named person have a ‘Care Plan’ in place?** | | | Yes / No |
| **Please list any disabilities, language/communication issues or additional needs that we need to be aware of:** | | | |
|  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **For statistical purposes, please tick any which may apply to the above named person:** | | | | | | | |
|  | Staff / Student at University of South Wales | | |  | Currently receiving counselling elsewhere | | |
|  | Black of Ethnic Minority |  | Asylum Seeker / Refugee | | |  | Gypsy / Traveller |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please identify what pathway you are referring into the service via:** | | | | Self-Referral / Statutory / 3rd Sector | |
| **If Self-Referral, where did you hear about us?** | |  | | | |
| **If Statutory/3rd Sector, please complete the following details:** | | | | | |
| **Referred by** |  | | **Role** | |  |
| **Organisation** |  | | **Contact Details** | |  |