Warwickshire and Coventry Self-Referral - Counselling



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| FIRST NAME | LAST NAME | DATE OF BIRTH | TODAYS DATE |

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| ADDRESS | IS IT OK TO CONTACT YOU BY POST? |
| EMAIL | IS IT OK TO CONTACT YOU BY EMAIL? |
| PHONE NUMBER | IS IT OK TO PHONE THIS NUMBER? | IS IT OK TO LEAVE A VOICEMAIL? |
| GP NAME AND ADDRESS |  |
| WHAT IS YOUR PREFERRED METHOD OF CONTACT? (POST/EMAIL/LANDLINE/MOBILE) | WHERE DID YOU HEAR ABOUT SAFELINE?  | COMPLETED BY (NAME) |

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| Please supply a brief reason for why you are looking for counselling with Safeline and any other additional information.When did the sexual abuse/violence occur? As a child **[ ]**  As an adult **[ ]**  |
| *Have you previously had counselling with Safeline? Y/N If yes, when did the counselling finish?**Would you consider having telephone/online counselling? Y/N**Please indicate your preference of counsellor gender: I don’t mind Male Female*  |
| Do you currently have any other agencies or services involved in your care? | Please note any disabilities you may have - Physical, Learning, Mental Health etc. |

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| *Additional information for funding purposes - if you would prefer not to say then please leave blank* |
| GENDER: | SEXUALITY: | ETHNICITY: |

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| Your Counselling SessionsCounselling takes place at the same time and day each week. Flexibility in your available times for counselling may enable us to arrange your counselling sooner, however if there are any days of the week you are unable to attend counselling, please tell us below. Are you able to climb stairs? Y/NIf applicable, is the person accompanying you able to climb the stairs Y/N |
| **Please return to Safeline by email or Post** |
|  **e-mail:****office@safeline.org.uk**Please put Self-Referral as the subject | **Post:****Safeline,** **6a New Street,** **Warwick****CV34 4RX** |