** PRIVATE AND CONFIDENTIAL**

**Referral Form**

**Please complete ALL fields**

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| **REFERRING AGENCY** |
| **Agency/Organisation Name:** **Address:** **Email:** | **Date completed:****Form completed by:Telephone No:** |
| **CLIENT DETAILS** |
| **First Name:****Surname:**  | **Date of Birth:****Gender identity:** |
| **Postal address:** **Postcode:****Is it okay to contact via post: Y/N** |
| **Contact email address (please provide if possible):****Is it okay to contact by email: Y/N** | **Contact Telephone number:****Is it okay to phone this number: Y/N****Is it okay to leave a voicemail: Y/N** |
| **Preferred contact method:** | **Preferred contact times:** |
| **GP Name:** | **GP Address:** |
| **Who originally referred client to your service?** | **Other Agencies/Orgs/Health prof involved?** |
| **Care plan information****Is there a care plan? Y/N (please enclose) Does client have a copy? Y/N****Who is in charge of the plan?** |
| ***Please note: This service is for people aged 16+ who have experienced childhood sexual abuse and for those who support them such as non-abusing family members living in England and Wales.******Unfortunately this service is unable to provide counselling for adults who have experienced sexual abuse as an adult.*****Client History:****Medication:****Are there any apparent risks to this person for e.g.: suicide, self harm, issues around drug or alcohol use. If yes please give details and enclose relevant documentation i.e. risk assessment:** |
| **Risk assessment: Are you aware of any aggressive or abusive behaviour in respect of this person whether verbal or physical towards staff/others. Please add any other information that you feel may be relevant.**  |
| **Online or telephone counselling: How does the client want to access counselling (e.g. email, instant message, voice call, video call)? Were there any specific barriers to this client receiving face-to-face counselling (e.g. shift work, disability)?** |
| **Would you like Safeline to make contact with the client? Y/N** | **Does Safeline have the client’s permission to contact them? Y/N** |
| **Return to: Safeline****6a New Street****Warwick****CV34 4RX** | **Tel: 01926 402498****e-mail:** **onlinecounselling@safeline.org.uk****Website :** [**www.safeline.org.uk**](http://www.safeline.org.uk) |

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| **For Safeline Office use** |
| Date received: |  Actioned by: |

***By submitting this form, you are giving consent to Safeline to store and process your personal information in line with the General Data Protection Regulation (GDPR) 2018.***