**A blue and grey text on a white background

AI-generated content may be incorrect. PRIVATE AND CONFIDENTIAL**

**Referral Form**

**Please complete ALL fields**

|  |  |
| --- | --- |
| **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**](mailto:onlinecounselling@safeline.org.uk)  **Website :** [**www.safeline.org.uk**](http://www.safeline.org.uk) |

|  |  |
| --- | --- |
| **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.***