

## Self Referral Form

Name:

Address & Postcode:

DOB (must be 18+):

Gender: Male/Female/Other/Prefer Not To Say

Mobile Telephone No:

Can we contact you/leave a voicemail? Yes/No

Home Telephone No:

Can we text you? Yes/No

Email address:

Can we contact you via email? Yes/No

GP Details

Previous counselling or involvement with mental health services

Current medication

What difficulties have brought you to counselling? How long have you experienced them?

What is your availability?

First language:

Do you need an interpreter? Yes/No

Where did you hear about Compass?    NHS    Friend / Family    Other Agency  
(Please highlight in bold)                    Internet    Other (Please specify)