****

***For Compass use:***

***File No: \_\_\_\_\_\_\_***

***Assessment Date \_\_ / \_\_ /\_\_ Time: \_\_\_\_***

***Referral Taken By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date: \_\_ / \_\_ / \_\_***

***Counsellor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***1st Sessions Accepted:***

:

# Referral Form

**WPS □ Co. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counselling for you (CFY) □ *£40/session* Community (C) □ *donation (max 24 sessions)***

|  |
| --- |
| Name: |

|  |
| --- |
| Address & Postcode: |

DOB (must be 18+):

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

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

Can we text you? Yes/No

Can we contact you via email? Yes/No

Mobile Telephone No:

Home Telephone No:

Email address:

Mobile 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? |
|  |

Do you need an interpreter? Yes/No

First language:

Where did you hear about Compass? NHS **□** Friend / Family **□** Other Agency **□**

***(Please highlight in bold)*** Internet **□** Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please send referral to*** ***enquiries@compass-counselling.org.uk***

***Registered office: 151 Dale Street, Liverpool, L2 2AH***

*Cpass:2018onwards/counselling process / referral form Nov19*