



For Compass use only

File no:
Assessment Date: / / Time:
Referral Taken By:
Date:

Surviving to Thriving - Referral Form

Counsellor:
1st Session Accepted:

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

Would you like a leaflet explaining the support programme?

Leaflet Sent (Tick when Sent)

Yes / No

If Yes, by Post or Email

Date Sent

GP Details

Previous counselling or involvement with mental health services

Are you engaged with any other support services at the moment?

Diagnosed with Mental Health Conditions? (GP/ Psychiatrist Diagnosis)

Current medication

Do you have any previous convictions for sexual offences or is there a current investigation? Yes/No

Do you have a history of violence towards others? Yes/No

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)

Please send referral to enquiries@compass-counselling.org.uk
Registered office: 151 Dale Street, Liverpool, L2 2AH