

Referral Form

Community (C) Counselling for you (CFY) WPS (Co. Name) _____
COVID-19 Aintree (AIN) Telephone Community Counselling (TC) Telephone Support (TS)

Are currently going through alcohol or drug issues? If yes, Signpost

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) _____

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