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***For Compass use:***

***File No:***

***Assessment Date Time:***

***Referral taken By:***

***Date:***

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

***1st Sessions Accepted:***

:

# *Referral Form*

**Community (C) □ Counselling for you (CFY) □ WPS □** (**Co. Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student □ \_\_\_\_\_\_\_\_\_\_ (JMU / ULAW)**

**Telephone Counselling (RTC) □ Video Counselling (RV) □**

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:

Home Telephone No:

Email address:

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

Can we text you? Yes/No

Can we contact you via email? Yes/No

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*