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***For Compass use:***

***File No:***

***Referral taken By: Date:***

# *Chester Hub - Referral Form*

**When completing this form please save as Word doc not PDF as we are unable to password protect PDF docs. Thankyou.**

**SESSION TIMES: THURSDAYS BETWEEN 10-6PM**

**Employment Assistance Programme (EAP) £65 / session [ ]**

**Telephone Counselling (RTC) □ Video Counselling (RV) □ Face to Face (FF) □**

**If this referral is being made on the client’s behalf, please complete the following:**

Name: Job Title: Email address:

Co Name: Contact number:

|  |
| --- |
| Name:  |

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

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

DOB (must be 18+):

Mobile Telephone No:

Home Telephone No:

Email address:

Emergency Contact Name:

Emergency Contact Number:

Relationship to Client:

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:**  |

**Have you accessed mental health services in the past, please provide details:**

|  |
| --- |
|  |

**Has a recent referral been made to mental health crisis services, please provide details:**

|  |
| --- |
|  |

**Are you receiving support from any other agencies, please provide details:**

|  |
| --- |
|  |

|  |
| --- |
| **Current medication:** |

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

|  |
| --- |
|  |
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| --- |
| **Do you need us to make any reasonable adjustments due to any other health issues**Please provide further details |

**What is your availability? Preference for Female / Male Counsellor?** |
|  Yes / No  |

**Do you need an interpreter?** Yes /No

**First language:**

**Please complete the section below - Where did you hear about Compass Counselling?**

NHS **□** ***please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Social Prescriber / Wellbeing Link Worker **□** ***please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Friend / Family **□** Internet **□** Other Agency **□ *please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

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

*Cpass:2018onwards/counselling process / Compass Referral Form*