****

***For Compass use:***

***File No:***

***Intro Call Date: Time:***

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

# *Community 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: Face to Face Monday, Tuesday, Wednesday & Thursday 10am – 3pm**

 **Remote Monday, Tuesday, Wednesday & Thursday 10am – 3pm**

***PLEASE NOTE: This service does not provide an interpreter, our counsellors are of English speaking only***

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

*\* Donation Required*

**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:  |

Which gender do you identify with?

Prefer not to say **□**

Preferred pronouns - Him/He **□**  She/Her **□** They/Them **□**

Prefer not to say **□** Other, please specify: \_\_\_\_\_\_\_\_\_\_

DOB (must be 18+):

Mobile Telephone No:

Home Telephone No:

Email address:

Emergency Contact Name:

Emergency Contact Number:

Relationship to Client:

Mobile No……………………………………

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

Can we **text** you? Yes/No

Can we contact you via **email**? Yes/No

|  |
| --- |
| **GP Details:**  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

|  |
| --- |
| **Current mental health medication:** |

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

|  |
| --- |
|  |
|

|  |
| --- |
| **Do you need us to make any reasonable adjustments due to a neurodivergent condition?*****eg Autistic Spectrum Condition, ADHD, Physical Health Condition*** Yes / No |

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

 **Please note that we will endeavour to meet with this request, but it might not always be possible to do so.**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY:**

**INTRODUCTORY CALL**

Date of Intro Call: Agreed Donation:

Will see Student Pl Couns: **Yes/No** Not Suitable for Student Pl Couns

**Risk**

**In the last two weeks:**

* I have had thoughts that I would be better off dead or of hurting myself in some way: **Yes/No**
* I have made plans to end my own life: **Yes/No**

**Additional comment regarding risk**

**Additional Client comments**

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

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

*Cpass:2018onwards / Community / Referrals / Community Compass referral Form*