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***For Compass use:***

***File No:***

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

# *Counselling For You*

# *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 & Thursday 10am – 3pm**

 **Wednesday 10am – 7pm**

 **Remote Monday 10am – 7pm**

 **Tuesday 10am – 3pm**

 **Wednesday 10am – 7pm**

 **Thursday 10am – 7pm**

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

***Please tick if you wish to book a block of 4 or single sessions.***

**Block session x4 £200 [ ] Single £55 / session [ ]**

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

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| --- |
| 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:**

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|  |

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

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| --- |
|  |

|  |
| --- |
| **Current mental health 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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

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

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