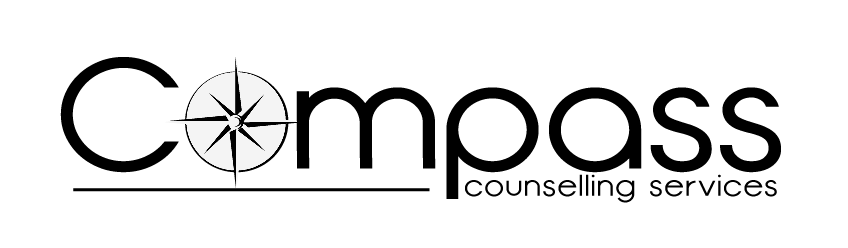
****

***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)** **□**

|  |
| --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Please send referral to*** [***enquiries@compass-counselling.org.uk***](mailto:enquiries@compass-counselling.org.uk)

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

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