



CLIENT REFERRAL FORM

<p>Title: Name: Address:</p> <p>Postcode:</p> <p>Phone: Home: _____ Work/Mobile: _____</p> <p>Can messages be left: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><u>NHS Number (if known):</u></p> <p>GP: _____ GP Phone: _____ Address: _____</p>	<p>Office use only ID No: _____</p> <p>Referral Received : S&P <input type="checkbox"/> B <input type="checkbox"/></p> <p>D of B : _____ Sex : M <input type="checkbox"/> F <input type="checkbox"/> Ethnicity : _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Other family members being seen Y / N Details :</p> </div>
--	---

<p>Referred by: Self <input type="checkbox"/> Other <input type="checkbox"/> Name & Relationship to client..... Health Professional <input type="checkbox"/> Name Professional role / designation.....</p> <p>Address (if referred by Professional) _____ Phone: _____</p> <p>Method of Referral: Phone <input type="checkbox"/> Face to Face <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> (Date on letter.....)</p> <p>Does the client understand and accept the referral? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Referral Date: _____</p>
--	------------------------------------

<p>Reason for referral, including presenting issues:</p> <p>Previous counselling/psychiatric history:</p> <p>Current Medication:</p>

*Please send to: Wellbeing Counselling Service
 Macmillan Wellbeing Centre, Moorside Road, Davyhulme M41 5SN*