Wellbeing
Counselling
Service
0161 746 2080

Trafford Local Care Organisation
Leading local care, improving lives in Trafford with you

CLIENT REFERRAL FORM

The Wellbeing Counselling Service offers counselling to adults who are affected by a cancer diagnosis (patient and/or their family), and adults who have been bereaved from any cause.

Title:
Name:
Address:

Office use only
ID No:

Referral Received :
S&P ☐ B ☐

Postcode:

D of B :
Sex : M ☐ F ☐
Ethnicity :

Other family members being seen Y / N
Details :

Phone: Home:

Work/Mobile:

Can messages be left: **YES ☐** **NO ☐**

Email Address:

NHS Number (if known):

GP:
Address:

GP Phone:

Referred by: Self ☐ **Referral Date:**

Other ☐ Name & Relationship to client……..

Health Professional ☐ Name ……
Professional role / designation……

Address (if referred by Professional)

Phone:

Method of Referral: Phone ☐ Face to Face ☐ Letter ☐ (Date on letter……)

Does the client understand and accept the referral? Yes ☐ No ☐

Reason for referral, including presenting issues:

Previous counselling/psychiatric history:

Current Medication:

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