

**S.C.A.R.D Counselling Referral Form**

Information about person being referred:					
Name		Date of Birth		Gender	M / F
Address					
Postcode		Telephone		Mobile	
Known Risk Factors (e.g. risk of suicide, self harm, self neglect, risk to others – please indicate if these are current or previous and give dates)					
Has the person received any counselling previously and, if so, where / when					
If the person is receiving support from other professionals, or on a "waiting list" for services, please give brief information					
Social Support Networks (e.g. relatives, carers etc.)					
Is the person aware of this referral?					
Is the person currently on any medication? Please list all medications, frequencies and dosages.					
Does the person have any special needs? If so, please give brief information about any particular requirements eg access, interpreter.					
Does the person have any preference of counsellor's ethnicity or gender					
<b>Chaperone name and contact 'phone number (if applicable)</b>					

*(Please See Overleaf)*

[www.scard.org.uk](http://www.scard.org.uk) - [info@scard.org.uk](mailto:info@scard.org.uk)

[www.cadd.org.uk](http://www.cadd.org.uk) – [info@cadd.org.uk](mailto:info@cadd.org.uk)



Information about the person making referral:			
Your Name			
Email address			
Telephone		Mobile	
Agency/Organisation			
Address			
		Postcode	
Relationship to person			

**Please state briefly the reason for referral. (NB: Any information given may be shared with the person but is otherwise confidential)**