

Information about the person being referred

Name

Date of Birth Gender (Please tick applicable) 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, when/where?

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 e.g access, interpreter.

Does the person have any preference of the counsellors ethnicity or gender?

Chaperone name and contact number (if applicable)



Counselling Referral From

Information about the person making the referral

Name

Address

Postcode

Telephone Mobile

Email address

Agency/
Organisation

Relationship to
person

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



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