**The Refresh Project Referral Form**

**T:** **07903228993 E:** [**therefreshproject@empowering-action.org.uk**](mailto:therefreshproject@empowering-action.org.uk)

**Counselling Referral Form**

|  |
| --- |
|  |
| **Please complete as much detail as possible.**  **If you would like more information about our services, or support with this form, please call 07903228993 or email us at: therefreshproject@empowering-action.org.uk**  **All data is held is the strictest of confidence and in accordance with Data Protection legislation.** |

Please email back to : therefreshproject@empowering-action.org.uk

|  |  |  |  |
| --- | --- | --- | --- |
| **Section A – Referrer Details** | | | |
| Date referral made |  | | |
| Name of referring agency |  | | |
| Name and role of person making the referral |  | | |
| Phone number |  | | |
| Email |  | | |
| **Section B – Client Details** | | | |
| Has the client previously had counselling? |  | | |
| Name of referred client |  | | |
| Support required |  | | |
| Contact number/Email address  Is it safe to leave a voicemail message? |  | | |
| D.O.B |  | | |
| Gender |  | | |
| Religion |  | | |
| Address of client |  | | |
| Is the client aware of the referral? |  | | |
| **Section D – Any specific details/information that may be relevant/you wish to share**  **\*Please give an overview/context of the reason you are making the referral** | | | |
|  | | |
| **Section E – Risk Assessment (please complete with client)** | | | |
| Is the client expecting a child? If so, how many months? | |  | |
| Does the client have a disability? | |  | |
| Is the client dependant on any medication prescribed by a doctor? | |  | |
| Does the client have any support needs with alcohol or drugs? | |  | |
| Has the client ever caused harm to themselves or others? | |  | |
| Does the client have any mental health issues? Anxiety? Depression? | |  | |
| Does the client have any criminal convictions? | |  | |
| Does the client receive support from any other agency e.g., social worker, community mental health team? | |  | |
| How is the client feeling and coping generally? | |  | |
| Are there any other issues the client needs help with? | |  | |

**Please email back to: therefreshproject@empowering-action.org.uk**