

St Peters Church Hall 1 Burwood Road Hershaw Walton-on-Thames Surrey KT12 4AA

Tel: 01932 244070

Email: nscpp@thecounsellingpartnership.org www.thecounsellingpartnership.org

TO ENSURE THAT CLIENTS ARE APPROPRIATE TO THIS SERVICE, PLEASE COMPLETE ALL SECTIONS OF THIS FORM

PERSONAL AND CONTACT DETAILS:

TITLE _____ FIRST NAME _____ LAST NAME _____ DATE OF BIRTH ___/___/___

HOUSE NAME / FLAT NO _____

ADDRESS _____

TOWN/CITY _____ COUNTY _____ POSTCODE _____

MOBILE NO _____ LANDLINE NO _____

EMAIL _____

PRESENTING PROBLEM:

HISTORY OF MENTAL HEALTH PROBLEMS (INCLUDING HOSPITALISATION):

PLEASE GIVE DETAILS OF ANY HISTORY OF VIOLENCE OR SELF-HARM, DRUG OR ALCOHOL USE:

IS THE CLIENT CURRENTLY PRESCRIBED ANY MEDICATION? (PLEASE SPECIFY)

IS THE CLIENT AWARE THIS REFERRAL HAS BEEN MADE? YES NO

We aim to make contact regarding an initial assessment within two days of receiving a referral. Referrers will be informed as to whether a client has attended an appointment and whether they have been offered counselling sessions. All other information will be kept confidential (unless there is concern regarding the safety of the client or others.)

NAME OF REFERRER: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE ___/___/___

PLEASE RETURN TO: ST PETERS CHURCH HALL 1 BURWOOD ROAD HERSHAM WALTON-ON-THAMES SURREY KT12 4AA

OR SCAN AND EMAIL TO NSCCP@THECOUNSELLINGPARTNERSHIP.ORG

For Office use only: Date received: ___/___/___ Assessment Date: ___/___/___