REFERRAL FORM

Space44u

Please briefly state the nature of the Clients presenting difficulties and/ or reason for referral:

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Name and Address of Referring Organisation/ Person:

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…… **Contact Person: ……**
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…… **Tel. No: ……..**

Name of Client: …… **Date of Birth: ……**
Male / Female (Please Circle) **Age: ……...**

Address:

……..
……..
Tel/ Mobile No: ……

Any other relevant information:

……..…
……..
Can Client be contacted directly? ……

Ethnic Origin : (eg Asian Black or White) ……
(For statistical purposes only)

The client is: Unemployed In Education Employed (Please Circle)

<u>Written Consent</u> (Client) :
I am happy to attend Therapy sessions YES / NO
I understand that all information will be recorded and processed in line with the requirements of the Data Protection Act 1998 and may be shared with responsible staff in other relevant organisations if it is felt that it will be of benefit to me. I also understand that information has to be shared if I or someone else is at risk of harm or if I reveal I have committed / intend to commit a crime.

Signature of Client: …… **Date: ……..**

Signature of Contact Person: …… **Date: ……..**

Please print and send via post to:
Knighton Counselling
689 Welford Road
Knighton
Leicester LE2 6FQ