

Date		Heard Via:	
Referrer Name/ Key Worker / Contact Details:			
Client Name:		Date of Birth	Gender:
Address:		Contact Permission (Please delete as necessary)	
Phone:		Send Letter?	Y / N
Email:		Phone?	Y / N
		Voicemail?	Y / N
		Text?	Y / N
		Email?	Y / N
Drug/Alcohol Use: How Much? How Often? Usage Route? How many units? Goal (Abstinence/Non-Abstinence)? Other Addictions?			
Wellbeing: Mental Health Issues, With CMHRS? Suicidal Ideation? Medication for Mental Health?			
Physical Wellbeing: Mobility Limitations, Prescribed Medications?			
What Other Services Are You Involved With?			
What Would You Like to Achieve From Counselling?			
Identified Risks	Y	N	Details of Risks:
Risk to Self			
Risk to Others			
Social Services Involved?			
Tenancy Risk			
Offending Behaviour			
Counselling is a commitment of up to 12 consecutive weeks. You are expected to attend all sessions. If you do not attend regularly you will be discharged. Please sign to confirm you are aware of these expectations.			
Name:		Signature:	

Failure to fully complete this form could result in the client's access to treatment being delayed

Please see reverse for GDPR information

For telephone referrals:

Please make it explicitly clear to the caller that we require initial verbal consent in order to be able to continue to offer support ie phone, email, letter to book a first appointment/assessment.

IMPORTANT NOTICE

Data Protection and GDPR 2018

In accordance with the implementation of the General Data Protection Regulations 2018 all information provided on the referral form and in any further contact with Reach Out Counselling will be treated as confidential and will not be disclosed to any third party without express consent from the client.

However it is important that you understand that on occasions organisations are obliged to share certain information e.g. an individual is at risk to self or others, and may need to inform services such as Local Safeguarding of Vulnerable Adults Team; Child Protection Team; other staff; Service's Regulator(s) and other agencies. Should this need arise the Service will make every effort to discuss this with you prior to any information being shared.

You have the right to withdraw consent at any time.

I agree for Reach Out Counselling to process my personal information for the purpose of:

- Providing a support service

I DO NOT WISH to be contacted by Catalyst Reach Out Counselling

Please be aware that by ticking this box you will receive no information about Reach or the services we provide therefore the level of service provided to you may be very limited.

Signed Client:

Date:

Signed Referrer (where appropriate):

Date:

Please send back your completed form to:

Email: info@catalystsupport.org.uk

Postal address: Reach Out Counselling, 14 Jenner Road, Guildford, Surrey GU1 3PL