

**Face to Face Counselling Service – Digital Referral Form (August 2023)**

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| **Have you had counselling support through us previously?** |  |
| **If yes, please give dates:** |  |
| **Are you in receipt of a low income (< £23,000 per annum): Y/N?** |  |
| **How did you hear about us?** |  |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Email:** |  |
| **DOB:** |  |
| **Gender:** |  |
| **Age** |  |
| **Mobile no.** |  |
| **Can we leave a message on this number? Y/N** |  |
| **Can we send post to your postal address? Y/N** |  |
| **GP name:** |  |
| **GP contact details:** |  |
| **GP phone number:** |  |
| **Any disability and/or access requirements?** |  |
| **How would you like to access therapy? Phone/Online/In person/No preference** |  |
| **Therapist gender?** |  |
| **Happy to see a trainee therapist? Y/N** |  |
| **Emergency contact name:** |  |
| **Emergency contact number:** |  |
| **Name & contact details of other professionals involved in your care:** |  |
| **Brief details of why you wish to access counselling:** |  |
| **Religion/spirituality:** |  |
| **Languages spoken:** |  |
| **Ethnicity:** |  |

**Please return this form to: info@facetofacecounselling.org.uk**