

**Referral Form for Counselling Support via Phone / Skype**

Please complete all sections each time a request is made for counselling

Email to [counselling@bemis.org.uk](mailto:counselling@bemis.org.uk)

|  |  |
| --- | --- |
| **REFERRAL DETAILS** | |
| Date of referral: |  |
| Referrer’s name: |  |
| Address: |  |
|  | |
| Postcode: |  |
| Contact number: |  |
| Referrer’s email: |  |
|  | |

|  |  |
| --- | --- |
| **SOURCE OF REFERRAL** | |
|  | Self |
|  | Family, friend, significant other |
|  | Other (please specify below) |
|  | |
| **Reason for referral** | |
|  | |

|  |  |  |
| --- | --- | --- |
| **Referral DETAILS** | | |
| First Name: | |  |
| Last Name: | |  |
| Address: | | |
| Postcode: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTACT NUMBERS** | | Is it OK to leave a message? | |
| Tel: |  | Yes | No |
| Mobile: |  | Yes | No |
| Preferred day/time to call: | |  | |
| Email: |  | | |

|  |  |  |
| --- | --- | --- |
| Date of birth: |  | |
| Gender: Male  Female  Other | | |
| Country of birth: |  | |
| Cultural identity: |  | |
| First language (other than English): | |  |
| Interpreter required?  If Yes, state what language please. | | Yes  No |

|  |  |  |
| --- | --- | --- |
| **COUNSELLING TYPE REQUESTED** | | |
| Individual |  | Couple/family |

|  |  |
| --- | --- |
| **CONSENT** | |
|  | I confirm that the nominated client has consented to this referral and to sharing their details with relevant qualified counselors. |