**Low-Cost Counselling Service**

The Altering Group

[www.thealteringgroup.co.uk](http://www.thealteringgroup.co.uk)

020 3538 5877

 contact@thealteringgroup.co.uk

**Professional Referral Form**

**\***Mandatory fields – please note we may be unable to accept referrals without all mandatory information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referrer Details** | | | | | |
| **\*Client consented to referral: Yes  No** | | | | **\*Date of referral:** | |
| **\*Referrer name:** | | | | **\*Referrer role:** | |
| **\*Referrer organisation:** | | | | **\*Organisation address:** | |
| **Referrer telephone:** | | | | **\*Referrer email:** | |
| **Client Details** | | | | | |
| **\*First name:** | | **\*Surname:** | | **\*Address:**  **\*Postcode:** | |
| **Preferred pronouns:** | | | | **\*DOB:** | |
| **Contact email:** | | | | **\*Contact number(s):** | |
| **\*Consent to methods of contact:**  **Phone**  **Email**  **Text**  **Post**  **Relevant contact information:** e.g. only email between 10-2pm | | | | **Emergency contact name:** | |
| **Emergency contact relationship:** | |
| **Emergency contact number:** | |
| **Registered GP Surgery:** | | | | **GP Surgery Address:** | |
| **Demographic Information** | | | | | |
| **Gender:** | **Ethnicity:** | | **Sexuality:** | | **Religion:** |
| **\*Disability: Yes  No  Unknown** | | | **Disability (specify):** | | |
| **Access requirements:** | | | | | |
| **Referral Information** | | | | | |
| **Reason for referral:**  Please provide details of client’s presenting issues, current circumstances or concerns.  **Relevant history:**  Please include any significant diagnosis and history of difficulties.  **Any additional information:** | | | | | |
| **Is the client receiving any other support/services (list services):**  Please include all current services the client is open to.  **Is the client open to secondary care services (list services):** | | | | | |
| **Risk Information** | | | | | |
| **Any known risk concerns: Yes  No** | | | **Any known safeguarding concerns: Yes  No** | | |
| **Please provide information on any known risk/safeguarding concerns:**  **Measures in place to manage risk/safeguarding concerns:** | | | | | |