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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A close up of a logo  Description automatically generated | | | | | | | | **CUBE**  Support Assessment & Referral form | | | | | | | | | | | | | | | |
| Client Ref No. | |  | | | | Date | |  | | | | CUBE Project | | | |  | | | | | | | |
| Client Name | |  | | | | | | | | | | Age | | | |  | | | | Gender | | |  |
| Address and Telephone Number | |  | | | | | | | | | | | | | | | | | | | | | |
| Is the client receiving any other support at the moment? | | | | | | | | | | | | | | | | |  | | | | | | |
| Has the client had counselling or therapy before? | | | | | | | | | | | | | | | | |  | | | | | | |
| If yes who | | | |  | | | | | | | For how long | | | | | |  | | | | | | |
| Was it helpful | | | |  | | | | | | | | | | | | | | | | | | | |
| Name of GP |  | | | | | | | | Surgery | |  | | | | | | | | | | | | |
| Details of medication and/or substance use: | | | | | | | | | | | | | | | | | | | | | | | |
| Other Agencies Involved: | | | | | | | | | | | | | | | | | | | | | | | |
| Brief description of current issues: | | | | | | | | | | | | | | | | | | | | | | | |
| What is the client hoping to achieve from support with CUBE: | | | | | | | | | | | | | | | | | | | | | | | |
| Anything other information you feel may help: | | | | | | | | | | | | | | | | | | | | | | | |
| Availability of client | | | | | | | | | | Any Time | | | | | | | | Yes / No | | | | | |
|  | | | Monday | | | | Tuesday | | | Wednesday | | | | | Thursday | | | | | | | Friday | |
| Morning | | |  | | | |  | | |  | | | | |  | | | | | | |  | |
| Afternoon | | |  | | | |  | | |  | | | | |  | | | | | | |  | |
| Evening | | |  | | | |  | | |  | | | | |  | | | | | | |  | |
| Has the support contract been agreed | | | | | | | |  | | | | | | (Contract will be discussed at first meeting) | | | | | | | | | |
| Are there any Specific Needs | | | | |  | | | If yes, please specify: | | | | | | | | | | | | | | | |
| Referred by | |  | | | | | | Authorised | | | | |  | | | | | | Date | |  | | |