

ADULT THERAPY REFERRAL FORM  
 CONFIDENTIAL

Please complete all fields in the following form and email it back to  
[admin@mabadilikotherapy.com](mailto:admin@mabadilikotherapy.com)

First name:	
Surname:	
Your email:	
Main contact number:	
Is it alright to leave a message?	
London Postcode ( <b>FIRST PART ONLY</b> ) or Region (If outside of London)	
Age:	
Gender:	
Disability or learning difficulty:	
Relationship status:	
Children: Age/s:	
Employment status:	
Occupation:	
Are you a carer / Do you support someone that has extra care needs?	
How would you describe your ethnic / cultural background?	
Religion / Spiritual beliefs including influences from upbringing:	
Have you had therapy/counselling before?	

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Please briefly describe the reason for seeking therapy at this time:	
Any other information that you think might be useful (Mental health diagnosis or undiagnosed concern, medication etc):	
Please specify any particular days you are <b>NOT</b> available for ongoing therapy sessions:	
Please specify your time preference (morning, afternoon and/or evening)	
Please specify if you have a gender or any other preference for the therapist that might work with you:	
E-Signed:	
Date:	

**Thank you for completing all fields.**

**The information supplied is only handled by registered data controllers for GDPR compliance.**

Your completed form will be used during the consultation.

Please confirm your availability to attend a consultation when you return your completed referral form. (Your consultation will be booked in for the earliest mutual available date which might differ from your on-going therapy session day and time).

If you have any questions please feel free to get in touch either by

email: [admin@mabadilikotherapy.com](mailto:admin@mabadilikotherapy.com) (you might receive a response from HR/Operations Manager (ngozimabadilikotherapy@gmail.com))

or

Telephone: 07708845550 (Please leave a clear message if you get no answer and your call will be returned)

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**FOR OFFICE USE ONLY**

TO BE COMPLETED DURING CONSULTATION

DATE	
AVAILABILITY	
AGREED FEE	
FREQUENCY	
DURATION	
PHYSICAL HEALTH CONCERNS	
MEDICATION	
CURRENT SITUATION	
HISTORY	
GENOGRAM	
EXPECTATIONS/GOAL ACHIEVEMENT	
ADDITIONAL INFORMATION	
CORE 10	
ASSESSOR COMMENTS	