Counselling Service Referral Form

**Referring agency** (Please skip this section for self-referrals)**:**

Organisation Name: ………………………………………………………………………..……………...

Contact name: …………………………………….…………………….………………………………….

Address: …………………………………………..………………………………...………………...…….

Contact No.: ………………………………………

Email: ………...……………………………………………………………………………………………..

**Clients Details:**

Client name: ……………………………………………………………………..………………………...

Has the client given consent for us to contact them directly?

□ Yes

□ No - Contact via referring organisation

Please contact the client by:

* Letter
* Call
* Text message
* Email

Address: …………………………………………..………………………………...………………...…….

Contact No.: ……………………………………………

Email: ...………………………………………………………………………………………………………..

Any medical conditions/disabilities we should know about? ………………….………………………… …………………………………………………………………………………………..…………………...…Please detail any safeguarding concerns: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Date of Referral:** ………………………………

**Returning form**

Please return the completed referral form either by post or email.

By Post: Sandra Bell MBACP,

The Reach Mens Centre,

Unit 6-7 The Palatine,

Strand Shopping Centre,

Bootle.

L20 4SN.

Email: Sandra Bell

 Sandra@reachmenscentre.com