

**ORGANISATION/CHARITY REFERRAL FORM**

Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Client Information**

First name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Last name:	<input type="text"/>	Age:	<input type="text"/>
Telephone number:	<input type="text"/>	Gender:	<input type="text"/>
Email address:	<input type="text"/>		
Home address:	<input type="text"/>		
City:	<input type="text"/>	Postcode:	<input type="text"/>

Is the client aware of the referral?  YES  NO

**Referrer Information**

Name:	<input type="text"/>
Job title/role:	<input type="text"/>
Organisation:	<input type="text"/>
Email address:	<input type="text"/>

**Reason for Referral**

Please tell us briefly about your client's current situation.

Has the client previously received therapy?

**YES**

**NO**

If yes, can you please state with whom here \_\_\_\_\_

Can you please also send the discharge letter from the previous therapist, alongside this referral form.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

You can return the completed form by email to: [info@umattercounselling.co.uk](mailto:info@umattercounselling.co.uk)