

COUNSELLING REFERRAL FORM

Please complete in full

Refer via either:

Tel: 01253 362 140
Fax: 01253 407 473
Contact Line: 07815 723 564
Email: counsellingteam@ncompass1.org
Postal Address: 3 Errigal House
Avroe Crescent
Blackpool
FY4 2DP

Referral Date
.....

Where did you hear about the project?
.....

Service required (highlight as appropriate) **Health and Wellbeing** **Butterfly** **Phoenix**

CLIENT DETAILS

FULL NAME:
DOB: **AGE:**
ADDRESS:
POST CODE:
TELEPHONE NO: **MOBILE NO:**
EMAIL:
GENDER:
Has the client consented to referral? **Yes** **No**
Please note if client has not consented, the referral cannot be accepted – please seek consent prior to making the referral
Has the client received support from the project before? **Yes** **No**
Is the client currently waiting to be a witness at a trial? **Yes** **No**
Under 18s only – is parent/carer aware of referral? **Yes** **No**
Under 13s only – has written parent/carer consent been obtained? **Yes** **No**
Please note if the client is under 13 no further action can take place until written parent/carer consent is obtained
Details of any additional support required to access the project (eg physical or learning disability, sensory impairment, communication)
.....

PREFERRED CONTACT METHOD(s) (please circle or delete as appropriate):-

Letter Home Phone Mobile Phone Email Referrer Other

Is it ok to leave a message: **Yes** **No**

REFERRER DETAILS

FULL NAME: **JOB TITLE:**
RELATIONSHIP TO CLIENT: **ORGANISATION:**
ADDRESS:
PHONE NO: **EMAIL:**

ADDITIONAL SUPPORT

Service	Please tick if in place	Contact name and details	Permission to contact given by client
GP			
Mental health services			
Social services			
School / college			
Other			

DESCRIPTION OF ISSUES FACED BY CLIENT

SUICIDE RISK - MUST BE COMPLETED FOR PHOENIX AND BUTTERFLY PROJECT

Has the client ever attempted suicide? **Yes** **No**

Does the client currently have suicidal thoughts? **Yes** **No**

Does the client currently have any plans to attempt suicide? **Yes** **No**

If answered yes to any of the questions above please give details ie when, where, desired outcome, planned, spontaneous, frequency, method

SELF HARMING BEHAVIOUR - MUST BE COMPLETED FOR PHOENIX AND BUTTERFLY PROJECT

Method(s) used

Tool(s) used

Area(s) on body

When began self harming **Frequency per week**

Description of understanding of first aid / risk

ETHNIC ORIGIN (highlight as appropriate):-

White British		Bangladeshi	
White Irish		Any other Asian background	
Any other white background		Caribbean	
White and Black Caribbean		African	
White and Black African		Any other black background	
White and Asian		Chinese	
Any other mixed background		Any other ethnic group	
Indian		Not stated	
Pakistani			