

Counselling Service Referral Form



North Staffs

Name				
Date of Birth				
Address				
Postcode				
Telephone Number				
Can we leave a voicemail?	YES	NO		
Can we send a text message?	YES	NO		
Email Address				
Preferred method of contact	<i>(select from drop-down)</i>			
Client Status	<i>(select from drop-down)</i>			
Gender	<i>(select from drop-down)</i>			
Sexuality	<i>(select from drop-down)</i>			
Religion	<i>(select from drop-down)</i>			
Ethnicity	<i>(select from drop-down)</i>			
Disability	YES	NO		
Disability Access Required? If so, please provide details				
GP Practice, including telephone number				
Medication / Medical problems, past or present				
Are you accessing any other Mental Health Service? If so, please provide details				
Preferred gender of counsellor	<i>(select from drop-down)</i>			
How would you like to access our service?	Telephone	Online (Video)	Face to face	
When are you available for counselling? <i>(tick all that apply)</i>		9 – 12pm	12 – 5pm	5 – 8pm
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
Reason for your referral? (brief)				

Please send your completed form to reception@nsmind.org.uk