



Referral Form and Information Pack

This referral pack is so that we can work on a wellbeing package that suits the needs of each client. All client work undertaken by the holistic therapies is supervised by Angelita Woosnam.

All client work undertaken by the Counsellor will be supervised both managerially and externally, in accordance with the British Association of Counselling and Psychotherapy ethical framework and good practice guidance.

All counsellors are line managed by Kate Blakemore.

Please visit our website www.motherwellcic.com

Title: (Mr, Mrs, Miss/ Ms)	
Forename:	
Surname:	
Address:	
Postcode:	
D.O.B:	
Telephone:	
Mobile:	
Email:	

<p>Are we able to send letters to this address? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are we able to leave a message with someone if landline contact provided?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If applicable please enter name(s) of person(s) we can leave a message with:</p> <p>.....</p>
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Are we able to leave a voicemail?

Landline: Yes No

Mobile: Yes No

Are we able to text you?

Yes No

Referrers details:

Name:

Position:

Tel:

GP details:

Dr:

Practice:

Tel:

Other Agencies: (please provide name(s), organisation(s) and contact(s) details)

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Medical Issues:

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Current Prescribed Medication?

Yes No

If applicable please provide details:.....
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Have you any previous experience of Counselling?

Yes No

Presenting Issues:

- Anxiety or Panic
- Anger
- Behaviour
- Bereavement / Loss
- Depression
- Domestic Abuse
- Eating Issues
- Emotional Abuse
- Family Illness
- Family Separation/ Divorce
- Health (Physical)
- Physical Abuse
- Relationship Difficulties
- Self Harm
- Self Worth/ Self Esteem
- Sexual Abuse/ Assault
- Sexual Identity Issues
- Sleeping Difficulties
- Stress
- Suicidal thoughts/ behaviours (self)
- Suicidal thoughts/ behaviours (others)
- Substance Abuse/ Addictions
- Trauma
- Other

Risk Factors:	Please details any identified risk in relation to the client:
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Equality and Diversity Monitoring Form:

<p>Ethnic Origin: (please indicate by a tick in the appropriate box)</p> <p>White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background</p> <p>Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background</p> <p>Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other mixed background</p> <p>Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other mixed background</p> <p><input type="checkbox"/> Gypsy, Romany, Irish Traveller</p> <p>Other Ethnic Groups <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group</p> <p>Not stated <input type="checkbox"/> Not stated <input type="checkbox"/> I do not wish to disclose my ethnic group</p>	<p>Gender:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Marital Status:</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married/ Civil Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law Partnership <input type="checkbox"/> Other</p>	<p>Age Group:</p> <p><input type="checkbox"/> 16-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65 or over</p>
	<p>Sexual Orientation: Please select which best describes your sexuality:</p> <p><input type="checkbox"/> I do not wish to disclose my sexual orientation <input type="checkbox"/> Questioning <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual</p> <p>Religious Belief: Please indicate your religious belief:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Atheism <input type="checkbox"/> Spiritual <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Any other religion <input type="checkbox"/> I do not wish to disclose my religion/ belief</p>

Disability Discrimination Act 2005:

A person has a disability under the Disability Discrimination Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/ her ability to carry out normal day to day activities. Long term means lasted, or is expected to last, for 12 months. Do you consider yourself to be a disabled person?

- Yes No I do not wish to disclose whether or not I have a disability

If answering yes please give details of your disability below:

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Occupation:

- Working full-time
 Working part-time
 Unemployed
 Unable to work because of long term sickness or disability
 Student
 Other

Best location to see you, please circle

- Crewe
Nantwich
Sandbach
Winsford
Northwich
Warrington
Ellesmere Port
Runcorn
Middlewich
Macclesfield

Data Protection:

This document is intended to provide information about the way in which we will work with you, the sort of information we will keep about you that we need to pass on and what to do if you want to make a complaint about our service.

The information that Mother-Well record while they are working with you will be kept on a paper file and a computer file. The information will be kept safely and confidentially within our service. Sometimes we use anonymous statistics taken from the records we have, to help us plan our service. No one would be able to identify any person we work with by looking at these statistics.

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal information, please contact one of the Directors at the email address.

info@motherwellcic.com

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information that you think is inaccurate.

During the sessions with you, the worker will share any concerns that they have about your safety, including the safety of others and the risks that you face. The worker will tell you if another agency or person needs to be involved in helping to protect you or others. If either you or another person is in immediate danger we will pass on information to ensure yours or another's safety, even if you don't give your permission for us to do that. Agencies we may disclose personal information to include Health Professionals, The Police, Probation Service or the Local Authority.

Please sign to show that you have understood the information in this document and that you consent to our service keeping records of our work with you.

Signed:	Print Name:	Dated:
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