



CRISIS Ltd Confidential Counselling Referral Form

Ref.Code	
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Presenting Code	
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Actual Code	
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Triage Date & Time:		Client Name:	
		Known As:	
Date of Birth:		Occupation/School:	
Home Address:		Home No:	
Post Code:		Mobile:	
		Email:	
Referral taken by	Can we leave message?	Availability for Appointment:	Location:
GP's Name and Address:		Referral Source: (State Company/Agency)	Referrer name:
		State Area, Office or Centre	Contact Tel: No.
EAP Referral Yes / No (circle as applic.)		Dept:	
Brief Medical History (please tick ✓ any that apply)		Asthma	Heart/Angina
		Epilepsy	Fits
Diabetes			
Have you been unable to access or have you been refused therapeutic services elsewhere? If so why?			
Have you received counselling in the past from CRISIS Ltd or another counselling provider?			
Comments (brief description of issue or problem)			

Priority Level: 1. (Extremely Urgent)	<input type="checkbox"/> Assigned to:	<input type="text"/>
F/T Employment - £15:00 per session	First Appointment	<input type="text"/>
PT/U/E & under 16 - £5:00 per session	Last Appointment:	<input type="text"/>
Couple Counselling - £20:00 per session		
Note: The above fees are subsidised by our social enterprise activities.		

Tel. Message-Date:	Appt.Conf:	Tel.Cnsl.	Appt. In Diary	Letter sent	New File
Confidentiality Contract Signed:			Post Counselling Review completed:		