CRISIS Ltd Confidential Counselling Referral Form

Ref.Code		Presenting Code		Actual Code	

Triage Date & Time:		Client Name: Parent/Guardian:	
Date of Birth:		Occupation/School:	
Home Address: **Post Code:**		Home No: 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.)			**COMPANY:**			
Brief Medical History (please tick √ any that apply)	**Asthma**		**Heart/Angina**		**Diabetes**	
	Epilepsy		**Fits**			
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 o another counselling provider?						

Comments (brief description of issue or problem)

IF REFERRAL IS FOR A CHILD, ARE BOTH PARENTS IN AGREEMENT Y / N

IS CLIENT AWARE OF FEE ☐

Emp Full Tme - £15:00 per session ☐

Low income /Unemp - £10:00 per sessio ☐

Under 16 £5.00 per session ☐

Couple Counselling - £ 25.00 per session ☐

Note: The above fees are subsidised by our Social Enterprise activities. Fee are not Government Funded

☐ Assigned to:

First Appointment

Counsellor Advised

Client Contacted Y / N EMAIL ☐ TXT ☐	Post Counselling Review completed: