Donna Breen

Counsellor
AND PSYCHOTHERAPIST

COUNSELLING/PSYCHOTHERAPY REFERRAL FORM

Date: ________________________________ **Name**:______________________________

Address:____

____

Email: ____ **Mobile**: _________________________

DOB: ________________ **Gender: M:** O **F:** O **Sexual Orientation**: straight/gay/bi/pan

Marital Status: single/relationship/married/cohabiting /separated/divorced

Next of Kin: ______________________________ **Phone**:________________________________

GP/Doctor:______________________________**Address**:________________________________

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Details of current Medications:____

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Previous Counselling / Diagnoses/Relevant Mental Health History:_________________

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Reason for Referral/Aims/Goals, to work on: Please give specific details of the main symptoms / presenting difficulties ____

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Notes(other relevant information) family history, etc. :____________________________

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Additional needs: wheelchair user etc.____

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Any other agency involvement:

____

DO they EXPERIENCE:	
Feelings of sadness or hopelessness ◯	Fatigue, weakness, lack of enthusiasm, decreased energy ◯
Insomnia, early waking, difficulty in getting up ◯	Loss of interest in pleasures once enjoyed ◯
Restlessness or irritability ◯	Low self esteem or guilt ◯
Eating disturbance (usually loss of appetite and weight) ◯	Chronic pains that fail to respond to typical treatment ◯
Thoughts of suicide or death ◯	Diminished ability to think ◯
Alcohol use ◯	Drug use ◯

GDPR

In line with new General Data Protection Guidelines it is asked that you consent to me retaining your contact and email details on file for future correspondence regarding any upcoming events, workshops or information which may be relevant to you along with various correspondence over our time working together. Do you agree that you are happy to be contact via phone/email with notes/correspondence with reference to work in session?

Y◯

Referer Details (if different from GP)

Name of referral agent:_______________________________ Primary care teamL _______________________________________

Address: ______________________________ Contact no: ________________________________ Emaik: ____________________

Job Title: _____________________________ Signature: _________________________________ Date: ______________________

How did you hear about us?

____

GP:O____ **AS ON 1ST PAGE:** O

OTHER: O ___________________________________**please give details if possible**

FRIEND/FAMILY MEMBER: O ____________________________________ HAVE THEY BEEN BEFORE O

Online O

Google O **Website** O **A Counselling directory** O **Facebook** O **Instagram** O **Linkedin** O