|  |  |  |
| --- | --- | --- |
| **Client Ref No:** |  |  |

**HCS Adult Referral Form**

|  |  |
| --- | --- |
| Client Name:Preferred name:Which pronouns would you wish, the counsellor working with you, to use? **(Please circle)**She, her, hers; He, him, hisThem, they, theirs | Referral Date:How do you wish to identify in the counselling relationship? **(Please circle)**Female; Male; TransgenderNon-binary; Prefer not to disclose at this stage |
| Client Address: | Please circle as appropriate: |
|  | Confirm if HCS can send by post YES / NO |
|  | Confirm if HCS can leave telephone message |
| Post Code: |  YES / NO |
| Date of Birth:Age: | Telephone number for counsellor to ring to continue the session in the event of an online technical fault: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address: | Emergency contact details: |
| Contact No: | 1 Name: |
| Resident with: Children / Partner | Relationship to you: |
| Carer / Alone / Others | Telephone No: |
| GP details: | 2 Name: |
|  | Relationship to you: |
|  | Telephone No: |

Please circle the most appropriate description/preference

|  |  |
| --- | --- |
| **Disability description** | **Session Medium preference** |
| Learning difficulty / Physical impairment | Face to face / Zoom / telephone |
| Sensory impairment / other | What’s App video |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Please tick if you identify with any of the following: |  |
| * Key Worker
 |  |
| * NHS (COVID-19)
 |  |
| * Income support
 |  |
| * Income-base job seekers allowance
 |  |
| * Income-base employment and support
 |  |
| * Housing benefit
 |  |
| * Veteran or military family member
 |  |
| What is your availability for counselling? |  |

 |

|  |
| --- |
| What issues are bringing you to counselling now:What do you hope to achieve after counselling? |

|  |
| --- |
| Have you had any adverse childhood experiences and if so what were they? |
| Have you had any traumatic events in adulthood and if so what were they? |

|  |
| --- |
| Action taken: |

|  |
| --- |
| **OFFICE USE ONLY** Allocated Counsellor: ................................... Date: ………………… Location: ..............................  |

**Returning the completed application forms:**

|  |  |
| --- | --- |
| If returning the completed application form by post: | If returning the completed application form by email: |
| HCS Practice Manager35 Morgan Le Fay Drive, Chandlers FordEastleigh. Hampshire. SO53 4JQ | <katielawson.hcs@gmail.com> |
| Annotate the envelope in bold: ‘**PRIVATE & CONFIDENTIAL, TO BE OPENED BY THE ADDRESSEE ONLY’** | Encrypt the email and attachment (password protect) and ensure that only the addressee in the e-mail address has the password to access the encrypted email. |