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

**HCS Adult Referral Form**

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| Client Name:  Preferred name:  Which pronouns would you wish, the counsellor working with you, to use? **(Please circle)**  She, her, hers; He, him, his  Them, they, theirs | Referral Date:  How do you wish to identify in the counselling relationship? **(Please circle)**  Female; Male; Transgender  Non-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

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

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| |  |  | | --- | --- | | 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? |  | |

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

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| 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? |

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| Action taken: |

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

**Returning the completed application forms:**

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| If returning the completed application form by post: | If returning the completed application form by email: |
| HCS Practice Manager  35 Morgan Le Fay Drive, Chandlers Ford  Eastleigh. 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. |