

**CONFIDENTIAL - REFERRAL FORM**

**EACH Counselling and Support**

(is working in partnership with Ascent- Violence Against Women & Girls (VAWG) Pan-London)

**Self-Referral:** Yes  No

**Referrer's Details:** **Date of referral:**

Contact Name: Tel No:

Is the client aware of this referral? Yes  No

Is the client under 18 ? **Yes/No** D.O.B:

**Client's Details:**

Name: DOB:

Address:

Tel no: **(Is it safe to leave a message?) Yes/No**

Borough of residence:

Ethnic Origin: Religion:

Language preferred:

Disability/special needs:

**Doctor's Details:**

Name: Tel. No:

Address:

**Reason for Referral:**

**List any medical history and current medication that is relevant to this problem:**

What other agencies or professionals are involved (currently or previously) with the client?

Social Services	<input type="checkbox"/>	CMHT	<input type="checkbox"/>
Psychiatric Services	<input type="checkbox"/>	Child & Family Services	<input type="checkbox"/>
Homeless Persons/Housing	<input type="checkbox"/>	Probation Services	<input type="checkbox"/>
Victim Support	<input type="checkbox"/>	VAWG Agency	<input type="checkbox"/>

Other (please specify) \_\_\_\_\_

Do you have the client's consent to refer and provide the above details?

**Yes**  **No**

The information provided in this form is confidential to EACH and \_\_\_\_\_  
(your agency)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**How did you hear about this service:**

**Notes:**

***To enable us to comply with our Risk Assessment Policy please provide all the details requested on this form, otherwise we will be unable to assess the client. EACH will endeavour to contact the client and will inform you of the outcome.***

**EACH Counselling & Support**  
**Vine House, 1&2 Factory Yard, London W7 3UG**  
**Tel: 020 8577 6059 Fax: 020 8840 6178**  
**Email: infoascent@eachcounselling.org.uk**