|  |  |
| --- | --- |
| **for office use:** |  |
| Date received: |  |
| Signed: |  |



**TOUCHSTONE REFERRAL FORM**

|  |
| --- |
| **Personal Details:** |
| First Name: |  | Last Name: |  |
| Date of Birth: |  |
| Address: |  |
| Mobile: |  | Landline: |  |
| Email: |  |
| How may we contact you? | Phone 🞎  | Text 🞎 | Email 🞎 | Post 🞎 |
| May we leave a voicemail? Yes 🞎 No 🞎 |
| Occupation: |  |
| Gender: |  |
| Do you consider yourself to have a disability? |  |
| **Is this referral for yourself?**  |
| Yes 🞎 No 🞎 If no, please give details: |
| **What would you like to request?** |
| Counselling Individual 🞎 Creative activities/Retreats 🞎 Not sure yet 🞎 |
| **Please give a brief idea of what you would like help with and/or what has led you to seek Counselling?** |
|  |
| **Have you received counselling in the past?** |  Yes 🞎 No 🞎 |

|  |
| --- |
| **If you have any significant medical issues that you would like us to know about, please list below:** |
|  |
| **If you have any significant mental health issues you would like us to be aware of, please list below:** |
|  |
| **Do you take medication on a regular basis that you would like us to be aware of? If so, please list below:** |
|  |
| **Do you have any additional needs or requirements we need to be aware of, eg difficulty with stairs…** |
|  |
| **How did you hear about us?** |
|  |
| **Is there anything else you’d like us to be aware of?** |
|  |

|  |  |
| --- | --- |
|  | **Please indicate your availability below:** |
|  | **Tuesday** | **Wednesday** | **Thursday** |
| **10am – 11am** |  |  |  |
| **11am – 12pm** |  |  |  |
| **12pm – 1pm** |  |  |  |
| **1pm – 2pm** |  |  |  |
| **2pm – 3pm** |  |  |  |
| **5pm – 6pm** |  |  |  |
| **6pm – 7pm** |  |  |  |

*Shaded times = counsellor not available.*