Talk it Through

Referral Form

About You

First Name

Surname

Preferred Pronouns

Date of Birth

Ethnicity

Sexuality

Telephone

Email Address

Address Line 1

Address Line 2

Postcode

Any Disabilities?

No

Yes (please state)

Emergency Contacts

Emergency Contact Name

Emergency Contact Number

Your Health History

GP Surgery Name

Any previous or current mental health diagnosis?

No Yes (please state)

Have you ever or are you currently struggling with a dependency with alcohol or drugs? No Yes

Have you previously or currently struggled with any other form of dependency or addiction? No Yes

Have you ever experienced any childhood trauma? No Yes

Have they ever been a victim or witness of domestic violence? No Yes

Have you ever previously engaged or are currently engaging in self-harm? No Yes

Provide the details in regards to self-harm history? If not applicable, please just write N/A

Have you previously experienced or currently experiencing suicide ideation? No Yes

Provide the details in regards to suicide history? If not applicable, please write N/A.

Continued overleaf →

Your Availability

Which days are you available to have a counselling session?
Please select and i'll do my best to accommodate you.

Monday ☐ Thursday ☐ AM ☐ PM ☐

Tuesday ☐ Friday ☐

Wednesday ☐

How would you like to receive counselling? ◯ Telephone ◯ Video Calls

What would you like to achieve through counselling? Please provide brief details

What is your preferred method of contact? ◯ Telephone ◯ Email

If by telephone, can I leave a voicemail? ◯ Yes ◯ No

Next Steps

Once you have completed this form please save it and email back to me at:

tamjones84@hotmail.com