

**Referral for Counselling**

*This information is for our records & remains confidential, unless authorised by you the client,* ***except*** *in extreme circumstances, such as* ***threat to life*** *or information about* ***terrorism or fraud.***

**1. Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |       | Gender: |       | Preferred pronouns: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Preferred first name: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| First line of Address: |       | Town: |       |
| City/County: |       | Post Code: |       |
| Date of birth: |       | Mobile Telephone: |       |
| Email Address: |       |
| Relationship Status: |       | Dependents: |       |

|  |  |
| --- | --- |
| Emergency contact\*: |       |

*\*required in case you experience a medical emergency during an online session. You may wish to share with them that their details have been provided to us*

**2. Referral Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you seen a therapist or coach before?  |       | If yes, when and for what reason? |       |
| Reason for this referral: |       | What do you hope to gain from Tilia Therapy? |       |
| How will you know that you no longer require therapy? |       |
| GP Name: |       | GP Address and Contact No.: |       |

**3. Medical History**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a current mental health diagnosis?  |       | Are you currently on medication for mental health condition? |       |
| Have you ever attempted suicide? |       | If yes, what is the current risk? | [ ]  Low [ ]  Medium [ ]  High  |
| Are there any other current or historical medical concerns to be aware of? |        |

**4. Practicalities of Meeting**

|  |  |
| --- | --- |
| When are you able to meet? (Days and times) |       |
| Do you have a particular therapist in mind to work with? (Note we can not guarantee your preference; a therapist match is dependent on their availability matching with yours) |       |
| Is there anything else to consider or make known before the counselling begins? |       |
| For session payment, which bracket do you come under on the fee scale? (See [www.tiliatherapy.co.uk/fees](http://www.tiliatherapy.co.uk/fees) for fee information)  |       |
| Do you have any questions before we begin? |       |
| Where did you hear about Tilia therapy? |       |

**5. Declaration**

I confirm that the information given on this form is true, complete and accurate.

Name:       Date:

Signature: [ ]        (Tick box in place of signature if sent digitally. The authenticity of the signature is confirmed by the email address from which the referral form is sent from).

Please return this referral form to tiliatherapy@protonmail.com