



## A SAFE PLACE2TALK REFERRAL FORM

Date:

Name ..... Date of Birth:

.....

Address

.....

.....POSTCODE

.....

Telephone No. (home)..... Mobile

No.....

Email Address.....

Emergency Contact person/Next of Kin

Name.....

Address.....

.....

.....POSTCODE.....

.....

Relationship to you .....

Telephone No. (home) ..... Mobile No

.....



General Practitioner (GP)

Name .....

Surgery Name & Address

.....

.....POSTCODE.....

.....

Telephone No. ....

Why do you want therapy at this moment in time?

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What do you hope to gain/achieve out of therapy?

.....

Please let us know about any difficulties you are experiencing or any details of your mental health:

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Do you have a mental health diagnosis from a medical professional? YES / NO

If yes, please give brief details:

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.....

Any other medical issues or disability that you may suffer with? YES / NO

If yes, please give brief details:

.....  
.....  
.....

Please tick : Self-Referral ( ) OR Referral ( )

Details of referral (if applicable)

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.....  
.....  
.....

I give permission for SafePlace2Talk Staff to contact my Next of Kin, or G.P or Support Worker in the event that there is a cause for concern surrounding my health and wellbeing needs or there is an emergency situation. I understand that this will mean some sharing of appropriate information.

Signed ..... Date .....

Print Name .....



**Consent**

In order to help you we need to store information about you. Everything you tell us will be treated **confidentially**.

Please tick if appropriate:

( ) I give my consent for Mental Health Resource to **contact relevant third parties on my behalf**. Your agreement will be sought before we make contact with others about you.

How would you like us to contact you? Please tick.

( ) Phone ( ) SMS Text ( ) Email ( ) Post

(If you have an email address, it would help to reduce our costs if we can contact you via email.

Signed ..... Date .....

You can withdraw your consent or change your mind at any time.

**Equalities and Monitoring**

This information will only be used for Equality and Monitoring Purposes in relation to Mental Health Resources at a SafePlace2talk.

**YOU DO NOT HAVE TO ANSWER ANY OF THE QUESTIONS BUT IT HELPS IF YOU CAN.**

**Ethnic Origin** .....

**Gender** .....

**Sexual Orientation**.....

**Religion**.....

Please kindly return your form by email to [Leon@asafeplace2talk.co.uk](mailto:Leon@asafeplace2talk.co.uk) **Thank You.**