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REFERRAL FORM

Substance misuse - group programmes & 1:1 counselling

Please note, fees apply to the below services offered from the Ealing office.

Our abstinence day programme is focused on recovery from problematic drug and alcohol use. 1:1 Counselling can be tailored according to the individual's needs and specific issues they wish to explore.

For further information on costs or to make a referral please email info@eachcounselling.org.uk

Self-Referral: Yes ☐ No ☐

Referral for below service(s):

Abstinence Day Programme *(Mixed gender group)* ☐	**LGBTQ Evening group** *(days/time on request)* ☐
Health & Wellbeing groups *(Abstinence-focused, Thurs evenings)* ☐	**1:1 Counselling** ☐

Referrer's Details

Date of referral:	Is the person aware of the referral? **Yes** ☐ **No** ☐
Contact Name:	Is the person under 18? **Yes** ☐ **No** ☐

Client's Details

Name:	Tel:
DOB:	Are they happy for us to leave a voicemail? **Yes** ☐ **No** ☐
Address:	Language preferred?
Postcode:	Disability/Special Needs? **Yes** ☐ **No** ☐
Borough of Residence:	If yes, please specify:

Charity Registration No: 1025967 Company Registration No: 02818814

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Reason for referral?

Doctor's Details

Name: Tel:

Address:

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

Other agencies/professionals involved (currently or previously) with the person:

Social services	☐	CMHT	☐
Psychiatric services	☐	Child & Family services	☐
Homeless persons/housing	☐	Probation / DIP / ATR	☐
RISE / CGL	☐	VAWG Agency	☐

Other (please specify): ______________________

Do you have the person's consent to prefer 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 individual. EACH will endeavour to contact the individual and will inform you of the outcome.

EACH Counselling & Support
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Tel: 020 8579 4529
Fax: 020 8840 6178
Email: info@eachcounselling.org.uk

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