

Referral Form



Client details

Name:	Age:
Address:	Gender:
Phone number:	Additional support needs:
Email address:	

Emergency contact/ legal guardian details

Name:	Phone Number:
Address:	Email address:

I accept that my therapist will contact this person if there are any concerns about my health or safety (this is compulsory for ethical reasons)-

Is this person my legal guardian? (under 16s and those who are under guardianship should put that persons details)-

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PROGRESS
PSYCHOTHERAPY

Reason for Referral (as much as you want to say)