****

**Lingua.GM Community Counselling Referral Form**

Please complete as much of the information required as you can for your referral. We will get in touch with you as soon as possible. We are continuing to operate as a hybrid service and offer telephone, online and limited face-to-face counselling.

**Referral Details**

**Tell us how you were referred to lingua.GM**

Date:

Counsellor:

Referrer:

Referrer Contact Details:

Self-referral:

**Client's Details**

Surname:

First Name:

Address:

Postcode:

Date of Birth:

Age:

Gender:

Telephone Number:

Preferred Language:

Language Spoken at Home:

Emergency Contact:

Telephone:

CALD Background:

Country of Birth:

**Preferred language or Need for Interpreter**

**Medical details:**

Name of GP:

GP surgery address:

Contact details:

**Health Summary**

Mental Health issue information? (Tick if you/client have been diagnosed recently or past)

Currently receiving any Mental Health services/support?

**Risk Assessment**

Any recent incidents of self-harm/suicidal behaviour?

Type of Intervention Requested:

**Summary of current presenting issues:**

**Substance Abuse Summary**

Primary substance of concern

Frequency of past use

Current use, Quantity of current use, Last use

Does the client use Tobacco?

**Preferred venue**

Face to Face

Online

Telephone

Other