|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | |
| **Name:** |  | **D.O.B:** |  | **NHS NUMBER:** |  |
| **Address :** |  | | | | |
| **Tel No:** |  | **Gender** | **F** | **M** | **Other** |
| **Ethnic Origin :** | **Turkish** | **Kurdish** | **Cypriot Turk** | **Other** |  |
| **GP:** |  | | | | |
| **GP Address:** |  | | | | |
| **GP Tel No:** |  | | | | |

**DERMAN COUNSELLING SERVICE REFERRAL FORM**

|  |  |
| --- | --- |
| **Referrer Details** | |
| **Date of Referral:** |  |
| **Name of referrer** |  |
| **Address** |  |
| **Name of Organisation** |  |
| **Telephone** |  |
| **Email Address** |  |

|  |
| --- |
| **Nature of presenting problems and details of previous interventions** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Factors** | | | |
| **History of Self-harm** | **Suicidal ideation** | **Forensic History** | **Domestic Violence** |
| **Current Self-harm** | **Suicidal intent/plan** | **Current risk to others** | **Safeguarding risks** |
| **Problems with drugs** | **Previous suicide attempt** | **Previous harm to others** | **Adults** |
| **Problems with alcohol** |  |  | **Children** |
| **Any other concerns** |  |  |  |

Please email the completed form to: [talkingtherapies@derman.org.uk](mailto:talkingtherapies@derman.org.uk)

**Derman is not a Crisis Service** for any urgent matters please call  
the City and Hackney 24 Hour Mental Health Crisis Helpline on **0800 073 0006**