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| --- |
| **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**

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

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

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| **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: admin@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**