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| --- | --- | --- |
| Date of Referral: | | |
| Are you referring yourself? YES  NO  *If NO, please give your name, telephone, and email:* | | |
| **Client Information** | | | |
| Name: | Date of Birth: | NHS Number: | |
| Current Address:  Postcode: | Gender: | Marital Status: | |
| Main Language Spoken: | | |
| Mobile:  *If you provide a mobile number, we will assume it is ok to leave a message/text. Please tick if not* | Ethnicity: | | |
| Home Telephone: | Email: | | |
| Any disability/access requirements?  YES  NO  *If YES, please specify:* | Availability: | | |
| Current work situation:  Full-time paid work  Part-time paid work  Self-employed  Not in paid work  In receipt of state pension  Student  Other (please state): | Gross annual income:  Under £20,000  £20,000 - £30,000  £30,000 - £40,000  £40,000 - £60,000  £60,000 - £80,000  Over £80,000  *Nafsiyat Choice charges £80 per 1:1 session. If you believe you qualify for a discounted rate, please discuss it with the assessor, who will review it based on your income. Trainee therapist sessions are available at £45 per session.* | | |
| **Referral Information** | | | |
| Reason for seeking therapy: | | | |

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| **GP Details**  *we will not contact your GP without your consent* |
| Name:  GP Address:  Postcode:  GP Telephone: |

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| **Have you previously received any psychological help?** |
| YES  NO  *If YES, please give details:* |

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| **Are you currently taking prescribed medication?** |
| YES  NO  *If YES, please indicate the type of medication:* |

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| **How did you find out about our service?** |
|  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**END OF FORM**