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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**