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| **Referral to Counselling**  **& Bereavement Support**  **STRICTLY CONFIDENTIAL** | | **Referral taken by:** | | **EMIS Number:**  **NHS Number:** | | | |
| **Preferred Pronoun:**  **Name:** | | | | **Date of Birth:** | | | |
| **Landline:** | **Leave Message**  **Yes/No** | | **Mobile:** | | | | **Leave Message**  **Yes/No** |
| **Address and Postcode** | | | | | | **Email Address** | |
| **Reason for Referral and Relevant Information** | | | | | | | |
| **Are you happy for us to keep in touch via telephone whilst you are on our waiting list?** | | | | | **Yes No** | | |
| **Are you currently working or volunteering at Eden Valley Hospice or Jigsaw?** | | | | | **Yes No** | | |
| **Has the client/patient given consent for this referral?** | | | | | **Yes No** | | |

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| **Referred by:**  **GP** | **AU** | **FST** | | **DH** | **Self** | **Other** |
|  | | | | | | |
| **GP Name:** | | | | | **Referral Format:**  **Letter T/C Email Other** | |
| **Referral Date** | | | **Date Received** | | | |
| **Initial Telephone Contact from CBST**  **Date:**  **Preferred means of contact:**  **Telephone**  **Letter**  **Email** | | | | | | |