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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** |
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| **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** |