**Psychological Therapy VPRS Referral Form**

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| **Date of Referral:**  |
| **Confirm Consent has been given by client to be added to RC database: (Y/N)** |
| **Client’s details** |
| **First Name:** | **Family name:** |
| **DOB:**  | **Age:** | **Nationality/ethnicity:** |
| **Current Address:** | **Telephone No:** |
| **Languages spoken:****Preferred interpreter:**  | **Interpreter required:** **[ ]  Yes** **[ ]  No****Language:** **Interpreter:** **[ ]  Male** **[ ]  Female** |

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| **GP and support details** |
| **VPRS Number:****JCBD Number:** | **Date of arrival in the UK:**  |
| **Financial support:** |
| **GP address:**  | **Telephone No:** |

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| **VPRS Support Worker details** |
| **Name of Support Worker:** |
| **Email/direct line:** |
| **Date of referral:** |

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| **Client Information & Presenting Problems** |
| **Please provide a brief history of your client’s human rights violations/history of conflict prior to resettlement e.g. witnessing conflict, loss or disappearances of family members, torture, sexual violence and rape, trafficking, political persecution, gender-based violence:** |
| **Summary of refugee camp experience e.g. camp name, number of years in camp, sexual exploitation:** |
| **Mental health difficulties:** |
| **Physical health issues:** |
| **Practical and/or social concerns:** |
| **Risk issues e.g. self harm, risk to others:**  |
| **Male or female therapist preferred:**  |
| **Other agencies involved (e.g. Community Mental Health Team, Social Services, domestic violence agencies etc.):**  |
| **Priority of referral:** |

Please return this form to: jude.boyles@refugeecouncil.org.uk