**Doncaster Therapeutic Service (adults)**

**Referral Form**

|  |
| --- |
| **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:**  | **Gender:** |
| **Current Address:** | **Telephone No:** |
| **Country of origin:****Nationality/Ethnicity:****Preferred language:****Preferred gender of therapist:**  **[ ]  Male [ ]  Female [ ]  Either/Any** **[ ]  Preference not known (RC to ask client when booking assessment)**  | **Interpreter required:** **[ ]  Yes** **[ ]  No****Preferred interpreter (if known):****Language:** **Preferred gender of interpreter:** **[ ]  Male** **[ ]  Female [ ]  Either/Any** **[ ]  Preference not known (RC to ask client when booking assessment)**  |
| **TO BE COMPLETED BY REFUGEE COUNCIL ONLY****Inform number:**  |

|  |
| --- |
| **Support and GP Details** |
| **Date of arrival in the UK:**  |
| **Financial support:** |
| **GP name:****GP telephone number:**  | **GP address:** |

|  |
| --- |
| **RC Support Worker details (if known)** |
| **Name of Support Worker:** |

|  |
| --- |
| **Client Information & Presenting Problems** |
| **Please provide a brief history, including 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:**  |
| **Mental health difficulties:** |
| **Physical health issues:**None known |
| **Practical and/or social concerns:** |
| **Risk issues e.g. self harm, risk to others:**  |
| **Other agencies involved (e.g. Community Mental Health Team, Social Services, domestic violence agencies etc.):**  |
| **Preferred gender of therapist:**  |
| **Priority of referral (urgent or non-urgent):** |
|  |
| **Referrer details** |
| **Name:** **Role:** **Organisation name:****Organisation address:****Telephone number:** **Email address:**  |

Please return this form to: Therapeutic.Sheffield@refugeecouncil.org.uk