

**Face to Face Counselling Service – Digital Referral Form (Jan 2025)**

**Please note:**

You are likely to receive an appointment sooner if you are flexible with your availability, willing to see a trainee counsellor, open to different counselling formats (phone, online, or in-person), and flexible regarding therapist gender.

Requests for in-person counselling may result in longer waiting times.

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| --- | --- |
| **Have you had counselling support through us previously? Y/N** |  |
| **If yes, please give dates:** |  |
| **Are you in receipt of a low income (< £25,000 per annum): Y/N?** |  |
| **How did you hear about us?** |  |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Email:** |  |
| **DOB:** |  |
| **Gender:** |  |
| **Age** |  |
| **Mobile no.** |  |
| **Can we leave a message on this number? Y/N** |  |
| **Can we send post to your postal address? Y/N** |  |
| **GP name:**  **(Please note: you must be registered with a GP based in Greater Manchester): Stockport/Tameside/Salford/Wigan/Manchester/Oldham/Rochdale/Bury/Bolton/Trafford** |  |
| **GP contact details:** |  |
| **GP phone number:** |  |
| **Any disability and/or access requirements?** |  |
| **How would you like to access therapy? Phone/online/in person/No preference** |  |
| **Therapist gender?** |  |
| **Happy to see a trainee therapist? Y/N** |  |
| **Emergency contact name:** |  |
| **Emergency contact number:** |  |
| **Name & contact details of other professionals involved in your care:** |  |
| **Brief details of why you wish to access counselling:** |  |
| **Religion/spirituality:** |  |
| **Languages spoken:** |  |
| **Ethnicity:** |  |
| **Are you a counselling student? Y/N** |  |
| **Please let us know if you have any neurodiversity-related conditions or concerns that you would like us to be aware of in order to best support you:** |  |

**Please return this form to: *info@facetofacecounselling.org.uk***