

Helping Groups to Grow Referral Form



Please use this form to refer Clients to Pathways to Support (Llanelli)

Referral for: **Counselling** **Foundation Groupwork Programme**

Personal Details - Confidential Information

Client First Name: Client Last Name: P2S ID Number:
Referral Date:

Prefers to be known as: Date of Birth: Age: Female
 Male

Ethnicity: Religion:

Address: Is this address: Permanent Temporary
Home Telephone Number:
Mobile Number:
Preferred mode/time of contact:

Emergency Contact Name: Emergency Contact Telephone Number:

Name of Referrer: Agency:

Contact Number: Office: Contact Number: Mobile:

Email address:

Name of Offender Manager, if applicable: Contact Details, including Telephone Number:

Counsellors will need access to a room. Please indicate a suitable room and contact number for booking this:

Room Location: Contact Name and Number for room booking:

Please specify any documents attached, if appropriate:

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Referral for: **Counselling** **Foundation Groupwork Programme**

GP: Is GP aware of referral?

GP Telephone number:

GP Address:

Disabilities:

List of Current Medication:

Risk Issues:

Brief reason for Referral:

Confidentiality Agreement Declaration

I agree to this information being shared with and between agencies I am currently involved with, including my GP. I understand that this information is being shared with a view to ensuring and assisting the continuity of my care. I am aware that I can withdraw my consent to this information being shared with any or all of these agencies at any time.

Client Name:

Client Signature:

Signature of Referrer:

Date of signing:

Please send Referral, marked 'Private and Confidential' to:

Administrator, Helping Groups To Grow, Building 1, St David's Park, Jobs Well Road, Carmarthen SA31 3HB

Office Number:
01267 236862