Couples Referral Form

Thank you for enquiring about our services. In order for us to progress your query in the most efficient manner, please complete the below questionnaire and return to [admin@psychworks.org.uk](file:///C%3A%5CUsers%5Ckeeny%5CDesktop%5Cadmin%40psychworks.org.uk)

Thank you for referring to PsychWorks Associates.

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|  | **Question** | **Answer (please be as detailed as possible)** |
| 1 | Date of Referral |  |
| 2 | Date of birth of clients |  |
| 3 | Names of clients |  |
| 4 | Genders of both clients |  |
| 5 | Address(es), including postcode |  |
| 6 | Clients’ preferred meetings: via Zoom? Face-to-face? Or both? | Client 1:Client 2: |
| 7 | Telephone contact & email address for referrer |  |
| 8 | Brief description of concerns e.g. any symptoms, relevant background info, when did the difficulties start, any fears? etc.What helps, if anything? |  |
| 9 | Input required | Assessment\*/Intervention*\*Please note that assessment constitutes an assessment of needs and not expert medical opinion.* |
| 10 | Has there been a previous assessment by a Psychologist/psychotherapist? | YES\*/ NO*(\*please provide name and date of input)* |
| 11 | Name & address of referrer’s GP |  |
| 12 | Do you have any Social Worker involvement? Please detail, if so |  |
| 13 | Where did you hear about PsychWorks Associates? |  |