**Referral form**

Thank you for contacting Terapia.

**January 2021 – please note that whilst lockdown restrictions are in place all therapy is being offered remotely (see also bottom of form).**

We provide therapeutic support to people of all ages. This form can be used either by a parent or carer or by a client themselves. In most cases it would be helpful if the referral is for someone aged 18 or over that they complete and send in the form themselves, of course, we appreciate that there are circumstances where someone else may need to help with this process. Please take a few minutes to fill in our referral form so that we can help you to access the best support.

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| **Date referral sent:** |  |
| **Name of client(s) being referred:** |  |
| **D.O.B of client(s) being referred:** |  |
| **Gender of client(s) being referred:** |  |
| **Name of referrer (if different from client):** |  |
| **Relationship of referrer to client (if client is a child):** |  |
| **Address of client:****Address of referrer (if on behalf of child but living apart):**  |  |
| **Email address of client (or parent/carer guardian for child):** |  |
| **People living in the client’s household:** |  |
| **Phone number of client (if 18 years and over):** |  |
| **Phone number of parent/carer/ guardian (if client is a child):** |  |
| **Name, relationship and phone number of who to contact in case of Emergency:** |  |
| **Ethnicity of client:**(Optional) |  |
| **Religion of client:**(Optional) |  |
| **Sexual orientation of client:**(Optional) |  |
| **Current nursery, school, college name and address of client:**  |  |
| **Occupation of client (if adult):** |  |
| **Occupation of parent/carers/guardian (where client is a child):** |  |
| **GP name and address of the client:** |  |
| **Any significant medical condition/medication:** |  |
| **Current or historic CAMHS intervention:** | Current  Historic None  |
| **Current or historic social work intervention:** | Current  Historic None  |
| **Please tick the presenting concerns the client is looking to address in therapy** (tick as many as feel relevant): | Depression Anxiety related issues Anger/aggression Bereavement Eating disorder Mental health diagnosis Suicidal ideation Self-harm Suicide attempt/s Traumatic incident Domestic abuse Substance misuse Addictions Risk-taking behaviour Asperger’s/Autism/ADHD Learning difficulties Physical disability  Gender/sexual identity  Traumatic/abusive family history Relationship difficulties/separation Adoption Termination of pregnancy Conception difficulties Chronic pain/health issues Parenting work Difficulties at school/college Bullying General exploration of internal world Forensic history Other    |
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Once completed, please email this form to referrals@terapia.co.uk and we will be in touch to arrange an initial zoom or phone call to discuss our service and how we can help.

Whilst the Bothy is closed all ongoing therapy sessions are being offered remotely using Zoom (for both video or voice only calls). As soon as the centre is able to re-open we expect sessions to move back to being in person (unless there are exceptional circumstances such as high COVID related risk). Please note that all in person sessions will take place atThe Bothy, 17A East End Road, London, N3 3QE. If you have any queries, please contact 020 8201 6101.