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| **Referral to Counselling**  **& Bereavement Support**  **STRICTLY CONFIDENTIAL** | | | | | **Initial Contact:**  **Date:** | | | | | **EMIS Number:**  **NHS Number:** | | | |
| Referred by:  GP | AU | FST | DH | Self | Other | **Name and Contact Details of Referrer** | | | | | | | |
| **Preferred Pronoun:**  **\*Name:** | | | | | | | | | | **\*Date of Birth:** | | | |
| **\*Landline:** | | | | **Leave Message**  **Yes/No** | | | | **\*Mobile:** | | | | **Leave Message**  **Yes/No** | |
| **Address and Postcode** | | | | | | | | **Email Address** | | | | | |
| **Reason for Referral and Relevant Information** | | | | | | | | | | | | | |
| **Are you happy for us to keep in touch via telephone whilst you are on our waiting list?** | | | | | | | | | | | **Yes No** | | |
| **Are you currently working or volunteering at Eden Valley Hospice or Jigsaw?** | | | | | | | | | | | **Yes No** | | |
| **Has the client/patient given consent for this referral?** | | | | | | | | | | | **Yes No** | | |
| **GP Name:** | | | | | | | | | **Referral Format:**  **Letter T/C Email Other** | | | |
| **Preferred means of contact**  **Telephone**  **Letter**  **Email** | | | | | | | **Preferred means of counselling**  **Telephone**  **Virtual**  **Face to face** | | | | | |

*Please email completed forms to* [*evh.jigsaw@nhs.net*](mailto:evh.jigsaw@nhs.net)