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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*