



COUNSELLING REFERRAL FORM

Referral made by/Caseworker:	Date:	
Counsellor Assigned:		
Client's Full Name:	DOB:	Age:
Address:	Outreach / Refuge (Kiran/Noor/Roshni)	
Phone Number:	Safe to call:	
Ethnicity:	Nationality:	Mother tongue:
Language required:	Immigration status:	
Religion:		
Relationship Status:		
Children:	Age:	Gender:
Has the service user consented to counselling?		
GP details:		
Medical Conditions / Disabilities:		
Medication:		
History of mental health:		

Any criminal or ongoing investigation related to domestic violence/sexual abuse:

Is the client pregnant? If so, what is the EDD?

Brief history of abuse with the most recent first:

Completed forms are to be returned to counselling@kiranss.org.uk.

To help complete the form, please email Jas at jaspreet@kiranss.org.uk or call the office on 0208 558 1986.

