

## Referral Form for lowdown services

This form is for self-referrals and assisted self-referrals to access the lowdown's services. An assisted self-referral is when you have someone who is helping you to complete this form.

The information provided will be used to enable us to offer the most appropriate services and actions. It will be kept confidential and securely stored and shared as appropriate within the lowdown. Confidentiality is central to our work but it is not absolute – there are legitimate exceptions of some circumstances which require the lowdown to share information with others, such as; if a person is at risk of serious harm by others; if a person is at risk of serious harm to themselves, or to others; or there is a risk of serious crime. Copies of our Confidentiality & Privacy Policies are available on request or can be found on our website [www.thelowdown.info](http://www.thelowdown.info)

Some information will be used for reporting purposes; in these cases the data will contain no identifying information that could associate you with receiving a service. Any other information will not be released without your consent unless required by law or a court order as stated above.

We are not able to offer you counselling/therapy if you are seeing another counsellor or psychological therapist, or if you are currently receiving a high level of Mental Health Care. In those cases, we might be able to offer you another support service which is not counselling.

Prior to, during and after you receive a service, you can contact the lowdown at 01604 634385 or send an email to [admin@thelowdown.info](mailto:admin@thelowdown.info) for any questions you might have. Please complete the form as fully and as accurately as you can.

<b>First Name(s)</b>		<b>Date of Birth</b>		<b>Age</b>	
<b>Surname</b>		<b>Gender</b>		<b>Ethnicity</b>	
<b>Address</b> NB: POSTCODE MUST BE NN1-NN7				<b>Disability</b>	
<b>Phone Number</b>		<b>Email Address</b>			
<b>Who can we speak to at home about this referral? (We must have an emergency contact <u>NAME</u> and <u>NUMBER</u>)</b>					
<b>Who can we <u>NOT</u> speak to at home about this referral?</b>					
<b>How did you hear about The Lowdown?</b>					
<b>Are we allowed to contact you via.... (please mark X where appropriate)</b>				<b>Phone</b>	<b>Post</b>
				<b>Text</b>	<b>Email</b>
				<b>Other (please specify below)</b>	
<b>Other</b>					

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<b>Reason for Referral</b> (Information about YOU - multiple choices possible, please put an 'X')		
<b>Abuse</b>	<b>Anger</b>	<b>Anxiety</b>
<b>Bereavement</b>	<b>Depression/Low Mood</b>	<b>Domestic Abuse</b>
<b>Eating Disorder</b>	<b>Family</b>	<b>Low Self-Esteem</b>
<b>OCD</b>	<b>Online Grooming</b>	<b>Self-Harm</b>
<b>Sleep Difficulties</b>	<b>Suicidal</b>	<b>Trauma/PTSD</b>
<b>Violent Behaviour</b>	<b>Other (please specify)</b>	
<b>Detailed Reason for the Referral (Information about YOU and your situation)</b>		
<b>Please provide a full explanation for the referral to the lowdown. (Where sufficient detail is not provided to warrant a referral, this form may be returned to the referring agency or individual)</b>		

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Please indicate school/employment status with an X	School	College/University/Training	Employed	Unemployed
<b>School Details</b>				
Name of School				
Phone Number		Email		
School Address including postcode				
Is the school aware of this referral? (please mark X)	YES		NO	
<b>GP Details (Information about YOU)</b>				
Name of GP				
Phone Number			Email	
GP Address including postcode				
Is your GP aware of this referral (please tick)	YES		NO	
Is there an Early Help Assessment (EHA) in place?	YES		NO	
Are there currently any other professionals involved?	YES		NO	
If YES, please can you specify NAME and AGENCY				
If there are any other relevant details you think we should know or be aware of, such as health issues or disabilities, please specify				

Please save this form and email it to:

[referrals@thelowdown.info](mailto:referrals@thelowdown.info)

In the interest of security, please ensure that you have the correct spelling of the above email address prior to sending. Thank You!

**OFFICE USE ONLY:**

Date Referral Form Received:

Assessment Date Booked / Alternative Outcome: