

# Referral Form for services

Office Use Only  
Client Code:

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.

First Name/s		Date of Birth		Age ( <i>must be 11-25 years</i> )	
Surname		Gender		Ethnicity	
Address <i>NOTE: Postcode <b>MUST</b> begin NN1 to NN7</i>				Disability	
				NHS Number <i>(if unknown this <b>must</b> be marked 'X' to permit a request for this)</i>	
Contact number <i>for appointments</i>		Email address <i>for correspondence</i>			
Please provide an EMERGENCY contact name and phone number <i>(in addition to your appointment contact details entered previously)</i>				Emergency contact name	
				Emergency contact no.	
Who can we <b>NOT</b> speak to at home about this referral?					
How did you initially hear about the lowdown?					
How may we contact you? <i>(please mark 'X' where appropriate)</i>				Phone	
				Post	
				Text	
				Email	
				Other ( <i>please specify below</i> )	
Other					

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Reason for Referral (What issue/s are you facing? Multiple choices possible, please put an 'X')		
Abuse	Anger	Anxiety
Bereavement	Depression / Low Mood	Domestic Abuse
Eating Disorder	Family	Low Self-Esteem
OCD	Online Grooming	Self-Harm
Sleep Difficulties	Suicidal	Trauma / PTSD
Violent Behaviour	Other ( <i>please specify</i> )	

## Detailed Reason for the Referral (Information about YOU and your situation)

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)

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

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!

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Date Referral Form Received:

Assessment Date Booked / Alternative Outcome: