





For better  
mental health

## Referral Form for Counselling

### Section B.

*(Section B. should be completed by the person referring)*

Name of client/patient being referred: .....

Name of person referring: .....

Your professional status: .....

Your address: .....

.....

Telephone: .....

1. Brief outline of client's presenting problem

2. Current medication or therapy:

3. Are you aware of this person having difficulties with literacy so that we know to make telephone contact only?

4. Are you aware of any potential risk that this person may present?

Signed:.....Date: .....

Please send completed form, section A and B to: **The Counselling Service, Mind in Enfield, 275 Fore Street, Edmonton, London N9 0PD**