**Ukraine Therapeutic London Project**

**Therapeutic Services Referral Form**

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| **Date of Referral:**  |
| **Confirm Consent has been given by client to be added to RC database:**  |
| **Client’s Details:**  |
| **First Name:** | **Surname:** |
| **DOB:**  | **Age:** | **Gender:** **[ ]  Female** **[ ]  Male** **[ ]  Non-binary** | **Nationality/ Ethnicity:** |
| **Current Client Address:** | **Client Telephone:** |
| **Client Email Address:**  |
| **Languages spoken:**  | **Interpreter required: YES/NO****Interpreter gender preferred:** **[ ]  Male** **[ ]  Female**  |

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| **Immigration and Support Status** |
| **[ ]  Ukraine Family Scheme** **[ ]  Asylum seeker****[ ]  Other:** **NB Ukrainians arriving under Homes for Ukraine scheme are not eligible for this service**  | **Date of arrival in the UK:**  |
| **Home Office Reference Number****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Biometric Residency Permit Number** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Other reference Number (please specify)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **GP address:**  | **GP Telephone:** |

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| **Referrer’s Details** |
| **Name of Referrer and Organisation:** | **Referrer Telephone:** |
| **Referrer Address:** |
| **Referrer Email Address:** |

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| **Client Information & Presenting Problems** |
| **Presenting Issues of Client (that led to this referral):** |
| **Mental health concerns or diagnosis if applicable:** |
| **Other relevant Health issues:** |
| **Practical and/or social concerns:**  |
| **Other relevant Information:**  |
| **Other agencies involved (e.g. Freedom from Torture, Community Mental Health Team, Social Services, Domestic Violence agencies etc if known):**  |

By submitting this form, I consent to The Refugee Council storing and using the above personal information on their client database, in order to provide a service for me/the client (please delete as appropriate).

**Signed:               Date:**

(Typed signature accepted)

Please return this form to the London Ukraine Therapeutic Services email: London.therapeutic@refugeecouncil.org.uk