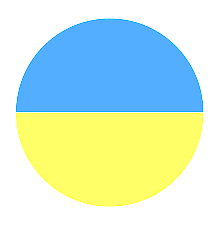
**Ukraine Therapeutic London Project**

**Therapeutic Services Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |

|  |  |
| --- | --- |
| **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:** |

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

|  |
| --- |
| **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](mailto:London.therapeutic@refugeecouncil.org.uk)