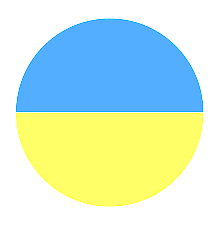
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**Psychological Therapy Ukraine Project Referral Form, Adults**

|  |  |  |
| --- | --- | --- |
| **Date of Referral:** | | |
| **Confirm Consent has been given by client to be added to RC database: (Y/N)** | | |
| **Client’s details** | | |
| **First Name:** | | **Family name:** |
| **DOB:** | **Age:** | **Gender:** |
| **Current Address:** | | **Telephone No:** |
| **Country of origin:**  Ukraine  **Nationality/Ethnicity:**  **Preferred language:**  **Preferred gender of therapist:**  **Male  Female  Either/Any**  **Preference not known (RC to ask client when booking assessment)** | | **Interpreter required:**  **Yes**  **No**  **Preferred interpreter (if known):**  **Language:**  **Preferred gender of interpreter:**  **Male**  **Female  Either/Any**  **Preference not known (RC to ask client when booking assessment)** |

|  |  |
| --- | --- |
| **Support Status** | |
| **Ukraine Family Scheme**  **Homes for Ukraine**  **Extended Visa** | **Date of arrival in the UK:** |
| **BRP number:** | |
| **Other reference number (please specify):** | |
| **GP name:**  **GP telephone number:** | **GP address:** |

|  |
| --- |
| **Client Information & Presenting Problems** |
| **Please provide a brief history:** |
| **Mental health difficulties:** |
| **Physical health issues:** |
| **Practical and/or social concerns:** |
| **Practical and or social support needs**  **Physical health referrals/advocacy**  **Mental health referrals/advocacy**  **Benefits/finance advice and support**  **Children’s education**  **Adult education/ESOL**  **Social support**  **Employment support**  **Other (please give details below)**  **Please give details of any practical support needs:** |
| **Risk issues e.g. self harm, risk to others:** |
| **Other agencies involved (e.g. Community Mental Health Team, Social Services, domestic violence agencies etc.):** |
| **Priority of referral (urgent or non-urgent):** |
|  |
| **Referrer details** |
| **Name:**  **Organisation:**  **Role:**  **Contact number:** |

Please return this form to: [Therapeutic.Sheffield@refugeecouncil.org.uk](mailto:Therapeutic.Sheffield@refugeecouncil.org.uk)