

Self-Referral Form for Adult Support



This form can be used to refer into our service (18ys+). The Clinical Team will ascertain which service at Trust House is most appropriate for you.

Criteria for Referral:

- You live in the Lancashire boundaries.
- You are not actively involved in therapy elsewhere.
- You have a reasonably safe home life. There are no significant concerns for wellbeing outside of the need for this referral.
- You have a reasonably safe internal base to engage in the service. You are stable with regard to coping mechanisms such as alcohol or drug use.
- You feel reasonably safe within themselves. You are not suffering suicide intent and have not made an attempt on your life within the last 3 months.
- You have not been an in-patient at a hospital for your mental health within the last 3 months.
- You can commit to 1 session a week for 8-10 weeks. (We can work around planned holidays and appointments)

Also to Note:

- We offer a face-to-face service and a digital (phone call or video call) service.
- Our services are **NOT** delivered face-to-face in homes. You or a carer must have transport or the means and access to public transport to get to counselling venues.
- If beneficial, we may signpost you elsewhere. For example:
 - Domestic Abuse program
 - Mental health services
 - Drug or alcohol services

If you have any questions regarding the above, please call our office on 01772 825288 before submitting your referral form.

Information Sharing Consent:

Information provided will be recorded on a computer database	
Trust House Lancashire may share information for reporting/evaluation/planning purposes	
All information is true and correct at the time of completion	
Wherever possible information will not be shared without consent, except for safeguarding purposes	

Consent:

Signature:		Date:	
------------	--	-------	--

Your Details:

Name		Age	
Address		Date of Birth	
		Employment	
Postcode		Tel/Mob	
Email			
Gender		Sexual Orientation	
Ethnicity			

Please select the communication methods we CAN use

Phone Call	Voicemail	Text	Email	Post
------------	-----------	------	-------	------

Has the incident been reported to the police?			
If Pre-Trial Therapy: please include the investigating officers name, phone number and email so we can inform them that you are accessing pre-trial therapy.			
Investigating Officers Name and Badge Number		Crime Reference Number	
Email Address		Contact number	

Disability Information			
Do you consider yourself to have a physical or learning disability?		Please provide details	
Do you have any special requirements in order to attend/receive a service from us?		Please provide details	
Do you have issues with substance misuse?		Please provide details	

Mental Health			
Do you have any mental health issues?		Please provide details	

Professionals Involved			
Social Care		Housing	
Mental Health		Drugs/alcohol	
Probation		Education	
GP		IDSA/IDVA	

Details of Reason for Referral			
You have experienced		Time of offence	
Age at time of abuse		Number of occasions	
Perpetrator relationship		Gender of perpetrator	

Would you prefer a male or female assessor/counsellor?	
Would the client like us to have any other considerations in allocating an assessor or counsellor? E.g ethnicity *NOTE* This is not always guaranteed.	

Please tell us why you want to access support from Trust House Lancashire

Risk taking behaviour and additional needs

Do you have any convictions for either sexual or violent offences? Please provide details below.	

For your information:

Trust House Lancashire collects referral information in order to direct you to the most appropriate support within our service and to contact you in order to progress our support. This information isn't shared with any other parties without your express consent, unless for safeguarding. We will, wherever possible, speak to you to obtain your consent before passing your information onto any other service. As a confidential service we adhere to strict data protection practices in accordance to The General Data Protection Regulation 2018 (GDPR), this current legislation is reflected in our confidentiality and data protection policies. The information in this form will be stored in line with the current legislation and confidentiality policies.

Please call the office on 01772 825288 if you have any queries.

Please return to referrals@trustouselancs.org