



*(Please complete in full using block letters)*

<b>Service User Details</b> Mrs      Ms      Miss (female service only) Surname: First Name: Date Of Birth:                      Age: Address: Postcode: Can we contact client by mail at this address?    Yes <input type="checkbox"/> No <input type="checkbox"/> Landline Number: Can CCC leave messages at this number?            Yes <input type="checkbox"/> No <input type="checkbox"/> Mobile Number: Can CCC leave messages/texts at this number?    Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Tell us how you heard about CCC /who referred you</b> Name: Professional Title: Organisation: Telephone: GP Name: (if not referrer) Surgery Name: Can we share information with your GP about your engagement with CCC?                      Yes <input type="checkbox"/> No <input type="checkbox"/> Please identify any diagnosed mental health problems:
Do you require downstairs appointments due to mobility issues?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Please tell us which services you wish to refer to/access:** *Please tick all that apply*  
 NB: All new referrals must attend an Assessment before accessing any services. Minimum age 18. No childcare provision available

Service	Wishes to Access	Added to Waiting List	Service	Wishes to Access	Added to waiting list
Counselling			Positive Me Programme (CBT)		
Confidence & Assertion Course			Stress Management Course		
A Journey Through Grief (Bereavement Programme)			Domestic Abuse Support (Emotional support only)		Not applicable
Mindful Yoga: Gentle Yoga combined with mindful relaxation - suitable for all abilities		Not applicable	Me-Time Afternoons (previously Supported Drop-in)		Not applicable

Referral Information Form Completed By:	Date:
Please return form to: Chrysalis Centre for Change, Peter Street Community Centre, Peter Street, St. Helens WA10 2EQ or email to address below	
CCC OFFICE USE ONLY: Referral taken/received by    Post <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/>	
Date/Time of Assessment Appointment:	