



## Referral Information Form

**Please complete in full using block letters**

<b>Details of person being referred:</b>		<b>How did you hear about CCC or who referred you:</b>	
Mrs    Ms    Miss <i>(circle one – females only)</i>		Name:	
Surname:		Job Title:	
First Name:		Organisation:	
Date of Birth:	Age:	Contact No:	
Address:		<b>Details of GP (unless already given above)</b>	
		GP Name:	
Postcode:		Surgery:	
Ok to send mail to this address? <i>(Circle one)</i> Yes    No		<b>Please tell us about any mental health problems:</b>	
Landline No:			
Ok to leave messages on landline? <i>(Circle one)</i> Yes    No			
Mobile No:			
Ok to text/leave messages on mobile? <i>(Circle one)</i> Yes    No			

<b>Email Contact &amp; Permissions:</b>			
Email Address:			
Ok to contact by email? <i>(circle one)</i> Yes    No		Ok to send updates about CCC by email? <i>(circle one)</i> Yes    No	
Ok to send occasional surveys or opinion polls about CCC by email? <i>(circle one)</i>			Yes    No

<b>Please tick below all services to access:</b>			
<i>NB: All new referrals must attend an Assessment before accessing any services. Minimum age 18. No childcare provision</i>			
<b>Service</b>	<b>Tick below</b>	<b>Service</b>	<b>Tick below</b>
Counselling <i>(one-to-one)</i>		Domestic Abuse Support <i>(emotional only)</i>	
Confidence & Assertion Course		Stress/Anxiety Management Course	
Positive Me Programme <i>(for depression)</i>		Journey Through Grief <i>(bereavement)</i>	
Therapeutic Art & Craft Sessions			

Form Completed By:	Date:
Please return to: <b>Chrysalis Centre for Change (CCC)</b> , Post: 1 <sup>st</sup> Floor, The Beacon Building, YMCA, 25 College Street, St Helens WA10 1TF Email: <a href="mailto:chrysaliscentreforchange@gmail.com">chrysaliscentreforchange@gmail.com</a>	

<b>CCC OFFICE USE ONLY: Referral taken/received by: <i>(circle one)</i></b>				
	Post	Email	Phone	In Person
Date/Time of Assessment:		Date Added to Waiting Lists:		