



Referral Information Form

Please complete in full using block letters

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

Email Contact & Permissions:			
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

Please tick below all services to access:			
<i>NB: All new referrals must attend an Assessment before accessing any services. Minimum age 18. No childcare provision</i>			
Service	Tick below	Service	Tick below
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: Chrysalis Centre for Change (CCC), Email: chrysaliscentreforchange@gmail.com BEFORE 15TH October 2019 Post: 1st Floor, The Beacon Building, YMCA, 25 College Street, St Helens WA10 1TF AFTER 15TH October 2019 Post: Peter Street Centre, Peter Street, St Helens WA10 2EQ	

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