**Sheffield Therapeutic Service for Resettled Refugees (adults)**

**Referral Form**

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| **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:**  **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)** |
| **TO BE COMPLETED BY REFUGEE COUNCIL ONLY**  **Inform number:** | | |

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| **Support and GP Details** | |
| **Date of arrival in the UK:** | |
| **Financial support:** | |
| **GP name:**  **GP telephone number:** | **GP address:** |

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| **RC Support Worker details (if known)** |
| **Name of Support Worker:** |

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| **Client Information & Presenting Problems** |
| **Please provide a brief history, including human rights violations, history of conflict prior to resettlement e.g. witnessing conflict, loss or disappearances of family members, torture, sexual violence and rape, trafficking, political persecution, gender-based violence:** |
| **Mental health difficulties:** |
| **Physical health issues:**  None known |
| **Practical and/or social concerns:** |
| **Risk issues e.g. self harm, risk to others:** |
| **Other agencies involved (e.g. Community Mental Health Team, Social Services, domestic violence agencies etc.):** |
| **Preferred gender of therapist:** |
| **Priority of referral (urgent or non-urgent):** |
|  |
| **Referrer details** |
| **Name:**  **Role:**  **Organisation name:**  **Organisation address:**  **Telephone number:**  **Email address:** |

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