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**Psychological Therapy Ukraine Project Referral Form, Adults**

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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:**Ukraine**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)**  |

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| **Support Status** |
| **[ ]  Ukraine Family Visa Scheme** **[ ]  Homes for Ukraine** | **Date of arrival in the UK:** |
| **BRP number:** |
| **Other reference number (please specify):** |
| **GP name:****GP telephone number:**  | **GP address:** |

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| **Client Information & Presenting Problems** |
| **Please provide a brief history:** |
| **Mental health difficulties:** |
| **Physical health issues/access:** |
| **Practical and or social support needs**[ ]  **Physical health referrals/advocacy** [ ]  **Mental health referrals/advocacy**[ ]  **Benefits/finance advice and support**[ ]  **Children’s education** [ ]  **Adult education/ESOL** [ ]  **Social support**[ ]  **Employment support** [ ]  **Other (please give details below)** **Please give details of any practical support needs:**  |
| **Risk issues e.g. self harm, risk to others:**  |
| **Other agencies involved (e.g. Community Mental Health Team, Social Services, domestic violence agencies etc.):**  |
| **Priority of referral (urgent or non-urgent):** |
|  |
| **Referrer details** |
| **Name:** **Organisation:****Role:****Contact number:**  |

Please return this form to: Therapeutic.Sheffield@refugeecouncil.org.uk