



Adult Referral Form (Therapy Service)

- **Please complete this referral form and return it to us at the address at the bottom of this form.**
To be completed by person requesting therapy If you have any questions, please either contact us on 01773 746 115 Option or email help@sv2.org.uk.
- **When we receive your referral we will contact you for an initial assessment.** This is to assess your current needs and for us to decide if therapy is the right service for you at this time. If it is, you will then be placed on our waiting list until a counsellor becomes available for weekly counselling sessions. This will be discussed with you at assessment.

Where did you hear about SV2?.....

Personal Information

Your full name:
Any previous name:
Address
Date of Birth/...../.....

Can you tell us the best way for us to contact you? Please circle.

Method of contact	Ok to Contact
Landline number	Yes/ no Ok to leave a message Yes/no
Mobile number	Yes/ no Ok to leave a message Yes/no
Email address	Yes/ no
Letter by post	Yes/ no

Please remember to let us know if you change any of your contact details.

GP DETAILS	MEDICATION
GP Name:	Are you currently being prescribed medication? Please tick all that apply. <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Anti-psychotics <input type="checkbox"/> Anxiolytics (for anxiety) <input type="checkbox"/> Other (please specify)
GP Surgery and GP Address:	
GP Contact Number:	

Have you previously/ currently had support from SV2? **Yes () No ()**

Please tick the SV2 support you have accessed:

Independent Sexual Violence Advisor (ISVA) () Therapy () Forensic Medical ()

Which of these services have you used previously or are currently using for emotional or psychological support? Please tick all that apply.

SERVICE	CURRENTLY USING	USED IN THE PAST
SV2 Support & Advocacy		
Counselling / Psychotherapy		
Community Mental Health Team(s)		
CPN/Psychiatric Care		
Psychological Treatment (specialist team)		
Hospital admission(s)		
Other (please specify)		

For current support, please give contact details	Consent to contact/ share information
Name of Worker: Contact Number: Role of Worker: Agency:	Yes/ no
Name of Worker: Contact Number: Role of Worker: Agency:	Yes/ no

Do you consider yourself to have a disability? YES () NO ()

If yes please state below and let us know how SV2 can accommodate your needs?

.....
.....
Please note that SV2 are not able to provide creche or child care facilities. Please make alternative arrangements for when attending your appointment.

Assessment - SV2 sees clients of all genders and have both female and male assessors. This is a one off appointment before you start counselling. The person who assesses you may not be your therapist.

Are you able to travel to a different location for your assessment within Derbyshire? YES () NO ()

Therapy

I am available to attend regular weekly appointments on:

Please tick all that apply

AM - Monday Tuesday Wednesday Thursday Friday

PM - Monday Tuesday Wednesday Thursday Friday

We try our best to give you a counsellor closest to your home address. However if there is not a counsellor available in your area, would you be willing to travel to a different location in Derbyshire for your therapy? Please let us know below:

No Yes, within 30 minutes Yes, within 60 minutes Yes, within 90 minutes

Will you be traveling by car or public transport?

Please tick the issues which you have experienced/are experiencing:

- | | |
|--|--|
| <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Sexual domestic abuse |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Exploitation |
| <input type="checkbox"/> Raped as an adult | <input type="checkbox"/> Childhood sexual abuse |
| <input type="checkbox"/> Childhood sexual exploitation | <input type="checkbox"/> Non sexual child abuse |
| <input type="checkbox"/> Suicide attempt | <input type="checkbox"/> Increased Suicidal thoughts |
| <input type="checkbox"/> Self-harm | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Substance Misuse | <input type="checkbox"/> Mental health |

Please tell us your reason for therapy at this time?

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.....
.....
.....

Support Group

We also run some 12-week support groups. This is a group of around 6-8 people. Please call us if you would like to find out more about this.

If you would like to be added onto our waiting list for the next group, please tick here ()

Reiki session:

SV2 are pleased to offer Reiki session for those clients on our therapy waiting list. Reiki is a Japanese technique which means life force energy. It is based on the belief that energy blocks within the body can cause physical and emotional symptoms such as illness, ailments, stress, anxiety and low mood. This also includes trauma which can be held in the body.

The session would last approximately 1 hour and be held in Derby. For more information please visit our website - <https://www.sv2.org.uk/holistic-therapies/>

If you'd like to be added to our waiting list for Reiki , please tick here ()

Meditation/ Mindfulness

Would you be interested in a meditation/ mindfulness session once a month for 60 minutes? This will be held online.

If you'd like to be added to the waiting list, please tick here ()

The following questions help us to make sure that we provide the best service for all our users and don't discriminate against any section of our community.

Gender:

- Female
- Male
- Trans-woman
- Trans-man
- Other (please specify)

.....

Marital Status

- Single
- Married
- Separated
- Divorced
- Civil partnership
- Divorced
- Widow/Widower
- In a relationship

Additional information

Who lives with you? Please tick as many boxes as appropriate

- Live alone
- Partner
- Living in shared accommodation
- Living in hospital/ organisation
- Other (Please specify):
- Other relatives/friends
- Parents/guardian
- Living in temporary accommodation,
- Homeless – contact centre, point of contact

Pregnancy, maternity and caring

- Pregnant
- Caring for children under 6 months
- Caring for children under 5 years
- Caring for children over 5 years

Other caring responsibilities (Please specify i.e. disabled/elderly):

.....

What is your employment status? Please tick the box that best describes your main occupation

- Employed full time (30 hrs +)
- Employed part time
- Employed – temporary
- Carer
- Homemaker
- Long term sick
- Unemployed
- Student - full-time
- Student – part-time
- Volunteer
- Retired

Benefits

Are you in receipt of any work-related benefits – i.e. statutory sick pay, income support, Employment and support allowance (ESA), Disability living allowance (DLA) (please specify):

.....

How would you describe your race/ethnicity?

White:

- British
- Irish
- Gypsy/Traveller/Roma
- Other White Background (please specify)

.....

Black/African/Caribbean/Black British:

- Caribbean African Black British Other (please specify)

.....

Asian/Asian British:

- Indian Pakistani Bangladeshi Chinese Other (please specify)

.....

Mixed/Multiple Ethnic Group:

- White and Black Caribbean White and Black African White and Asian Other Mixed Background (please specify)

Other Ethnic Group:

- Arab Any other ethnic group (please specify) Not known

.....

How would you describe your religion/belief?

- None Christian Islam Judaism Buddhism Hinduism Sikhism Prefer not to say Other (please specify)

Which of the following describes your sexual orientation?

- Heterosexual/straight Lesbian/Gay Bisexual Other Prefer not to say

Are you affected by any of the following?

- Refugee/Asylum seeker Fleeing abuse Pregnant

What is your main language?

- English Other (including sign languages) please specify.....

How well can you speak English?

- Very well Well Not well Not at all

Data Protection Act 2018

The personal data collected on this form will be kept secure and confidential within SV2. Your personal data will only be used for the purpose of client support and monitoring within SV2. This information will never be disclosed to any external sources without your express written consent.

SV2 does share anonymised and unidentifiable information with funders in support of our work.

To comply with the Data Protection Act it is essential that you give your consent by signing below. I give my permission for SV2 to hold the information given on this form about myself

Signature.....

Date.....

If you are signing this form on behalf of someone else, please sign here with details

Signature

Thank you for completing this form.

Please return to Therapy Administrator, SV2, 41 Leopold Street, Derby, DE1 2HF

We will acknowledge receipt of your completed form within two weeks.

If you do not hear from us within 2 weeks, please contact us.