

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:GP Surgery and GP Address: GP Contact Number: | **Are you currently being prescribed medication? Please tick all that apply.**• Anti-depressants• Anti-psychotics• Anxiolytics (for anxiety)• Other (please specify)**…………………………………………………………………………****…………………………………………………………………………****…………………………………………………………………………****…………………………………………………………………………** |

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.

**Therapy**

We offer therapy both face to face and remotely (this will be over the telephone or online) please state your preference and availability below:

• Face to face

• Online

Please state your availability

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

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

• Domestic abuse • Sexual domestic abuse

• Sexual abuse • Exploitation

• Raped as an adult • Childhood sexual abuse

• Childhood sexual exploitation • Non sexual child abuse

• Suicide attempt • Increased Suicidal thoughts

• Self-harm • Alcohol abuse

• Substance Misuse • Mental health

**Please tell us your reason for therapy at this time?**

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|  |  |
| --- | --- |
| **Service: Are you interested in any of the following support, therapy or wellbeing sessions, which can be accessed whilst you are on the waiting list, during or after therapy** *(Further information on these services can be accessed through this link:* [*https://www.sv2.org.uk/help-support/*](https://www.sv2.org.uk/help-support/)) **-Please note that some of these services will be determined by the continuation of funding.**  | Would you like to be added to the waiting list (please tick) |
| **Holistic Therapy** *(This refers to those treatments and therapies that help improve the wellbeing of the whole person; mind, body, soul/spirit and emotions and recognises that trauma is held in the body)* | **Trauma Sensitive Yoga***(Online or face to face. One block of 4 sessions, in Long Eaton, Derby)* |   |
| **Reiki Healing Session** – Face to face *(Two sessions, in Derby or Buxton)* |  |
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***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 • Other relatives/friends

• Partner • Parents/guardian

• Living in shared accommodation • Living in temporary accommodation,

• Living in hospital/ organisation • Homeless – contact centre, point of contact

Other (Please specify):

**Pregnancy, maternity and caring**

• Pregnant • Caring for children under 5 years

• Caring for children under 6 months • 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 +)• Unemployed

• Employed part time • Student - full-time

• Employed – temporary • Student – part-time

• Carer • Volunteer

• Homemaker • Retired

• Long term sick

**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 ………………………………………………………….

Date ……………………………………………………………….,.

Details ………………………………………………………………

Thank you for completing this form.

Please return to Therapy Administrator, SV2 Millfield House, Hall Street, Alfreton, Derbyshire, DE55 7BU

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

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