

REFERRAL FORM Counselling in Primary Care Service (CIPC)

DETAILS OF PERSON BEING REFERRED

Name:

Address:

Gender: Male Female

Date of Birth: / /

Telephone - Landline:

- Mobile:

MEDICAL CARD Number** (in order for the referral to proceed a current valid Medical Card Number is required.)

Does person have additional needs?
(e.g. require wheelchair access, etc.)

REFERRER DETAILS

Name of referring agent:

Primary Care Team Area:

Job Title:

Address for referring agent:

Tel Number / Mobile:

Fax:

Signature:

Print Name:

Date: / /

GP DETAILS (if different from above)

Name of GP:

Primary Care Team Area:

Address of GP:

Tel No:

Fax:

MEDICAL HISTORY

Please give details of any relevant medical history.

Please give details of any relevant current medication.

Please give details of any relevant mental health history, including current / past attendance at mental health services or other counselling or addiction services.

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

REASON FOR REFERRAL

Please give specific details of the main symptoms / presenting difficulties including duration degree of impact on day to day functioning and any additional difficulties the person referred is currently experiencing: (see referral eligibility criteria)

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

Has this person indicated that they are willing to work on their psychological problems and that they are in a position to attend at this time? YES NO

Has this person been referred to any other agency? If so please specify:

.....
.....

Has another family member or relative been referred to CIPC? If so please give Name and Date of Birth: (for ethical reasons clients who are related are not generally seen by the same counsellor hence it is important to know this information)

.....
.....

Is there any other information about the referral that you would consider relevant?

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

CIPC CLIENT OPT IN

I have given the client the CIPC Information Leaflet to enable them to opt in

Client consents to be contacted by:

Landline Mobile Letter Please tick () as appropriate

PLEASE RETURN COMPLETED FORM TO:

CIPC Counselling Coordinator

ISA Dublin South/East Wicklow
Centenary House
35 York Road, Dun Laoghaire
Co. Dublin
Tel: 087 220 2365