



REFERRAL FORM COUNSELLING IN PRIMARY CARE (CIPC)

DETAILS OF PERSON BEING REFERRED	
NAME:	DATE OF BIRTH:
ADDRESS:	
GENDER: MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
TELEPHONE NUMBER: MOBILE NUMBER:	Clients can be contacted by: Landline: <input type="checkbox"/> Mobile: <input type="checkbox"/> Letter: <input type="checkbox"/> Please tick () as appropriate
MEDICAL CARD NUMBER (In order for the referral to proceed a current valid Medical Card No. is required)	
DOES PERSON HAVE ADDITIONAL NEEDS? (e.g. require wheelchair access, interpreter etc)	
REFERRER DETAILS	
NAME OF REFERRAL AGENT:	PRIMARY CARE TEAM AREA:
ADDRESS FOR REFERRING AGENT:	
Telephone Number:	Fax Number:
Signature:	Job Title:
DATE:	
GP DETAILS (if different from above)	
NAME OF GP:	PRIMARY CARE TEAM AREA:
ADDRESS OF GP:	
Telephone Number:	Fax Number:
MEDICAL HISTORY	
Please give details of any relevant medical history.	

Please give details of any 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 the person been referred to any other agency? If so please specify:

Has another family member or relative been referred to CIPC?

Yes

No

Don't Know

(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 person or difficulty that you would consider relevant?

CIPC CLIENT OPT IN

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

PLEASE RETURN COMPLETED FORM TO:

CIPC Counselling Coordinator

Opt in number for clients: (Insert Local Contact Details)

Please ask clients to call the above number to OPT IN within 2 weeks