

QUETZAL ONLINE COUNSELLING REFERRAL

Referral	Date of first contact:	Client number:
Name:	OK to contact? Y=Yes D=Discreet N=No	
Address:	Telephone home:	Y/D/N
	Telephone work:	Y/D/N
	Mobile:	Y/D/N
Postcode:	Y/D/N	DOB: Ethnicity:
Referral Source:	GP name & practice:	
Referrer: By Website		
Email:	Psychiatrist name & hospital:	
Any special needs?	Social worker name & contact:	
Referral – FOR OFFICE USE ONLY		
Assessment	Assessor	Location
Assessment date & time:		
Counselling	<i>1st allocation counsellor</i>	<i>2nd allocation counsellor</i>
Venue offered		
Day & time offered		
Date details sent to counsellor		
First appointment date offered		
Ending date		
Ending planned or unplanned?		

Please send completed referrals to:

The Quetzal Project 14-16 Talbot Lane, Leicester. LE1 4LR

Or email us at help@quetzal.org.uk

You can also refer by calling us on 0116 2539103.

Add further notes as required overleaf.