CRCC Counselling

Self-referral form

If there is anything you don’t feel comfortable telling us feel free to skip the question.

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| **Your details** |
| Full Name:  | Date of referral:  |
| **When did you attend the Elms?** |
| **Please tell us how you would like us to contact you to make an appointment** |
| Mobile number:  | Permission to leave voicemail  | [ ]  YES | [ ]  NO |
| Landline number:  | Permission to send text | [ ]  YES | [ ]  NO |
| Email address:  | Permission to send email | [ ]  YES | [ ]  NO |
| Address and postcode:  | Permission to write | [ ]  YES | [ ]  NO |
| Age:  | DOB:  |
| **When are you available to attend the counselling sessions?** (days and times) |
| **Details of the incident(s)** |
| Age at time of incident(s):  | The assault(s):[ ]  happened once[ ]  were multiple incidents by different perpetrators[ ]  was long term abuse by one perpetrator[ ]  was long term abuse by multiple perpetrators |
| Relationship: (please tick all that apply) | Type of incident: (please tick all that apply) |
| [ ]  Partner[ ]  Ex-Partner[ ]  Father[ ]  Step-Father[ ]  Other family member | [ ]  Friend[ ]  Acquaintance [ ]  Stranger[ ]  Other. Please state: | [ ]  Rape[ ]  Sexual assault[ ]  Childhood sexual abuse[ ]  Exploitation | [ ]  Domestic Violence [ ]  Harassment [ ]  Other. Please state: |
| **Anything else you would like us to know?** (Please include any details of mobility issues where relevant) |
|  |

**Please return the completed form:**

By email to **talking.therapies@nhs.net**

Or by post to: **CRCC, Box R, 12 Mill Road, Cambridge CB1 2AD**

**\*This service is funded by NHS England\***