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\***