

REBECCA WELLS

Integrative Counsellor

MBACP (Accred) Fdsc Integrative Counselling

Newlands Park Natural Health Care Centre

48 Newlands Park Road

Sydenham

London SE26 5NE

Mobile: 07533 249 175

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www.newlandsparkhealthcentre.com

Referral Form

Details of person being referred	
Name:	Date of birth:
Gender: Male Female	Contact Number:
Address:	
Does the young person have any additional needs? e.g wheelchair access etc...	
Referrer details	
Name of person referring the young person for counselling:	
Relationship to young person:	
Contact number:	Address of referrer:(if different from above)
GP Details	
Name of GP:	Number:
Address:	
Please give details of any relevant medical history:	
Please give details of any current medication:	

Reason for referring the young person to counselling (please carry on on a separate sheet if necessary):

Has the young person had counselling before and if so what was the outcome?

Is there any other information about the young person or difficulty that you would consider relevant?