Wiltshire Psychology Service
... for the person that you want to be

Referral Form

This form is intended for use by health care professionals to refer clients to the Wiltshire Psychology Service

Name of client: Date of Birth:

Address:

Telephone Number:

Referrer name:

Address:

Telephone Number:

Relationship to client:

Description of client's difficulties:

Reason for referral:

Risk issues:

Is the client currently receiving treatment from a mental health team	Yes / No
Have they previously received treatment from a mental health team	Yes / No
Has this referral been discussed with the client?	Yes / No
Would the client like us to give you feedback on the outcome of this referral?	Yes / No

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Signed: Date: