# 

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONFIDENTIAL** | | | | | | | | | | |
| Today’s date: | | CLIENT REQUESTED SUPPORT: ❑YES❑ NO | | | | | | | | |
| client INFORMATION | | | | | | | | | | |
| Client’s forename/s: | | | | | Client’s Surname: | | | | | |
| Birth date: | | | Age: | | Gender:❑ Male ❑ Female ❑ Transgender ❑ Other | | | | | |
| Address: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | Post Code: | |
| Home phone no: | | | | | Mobile: | | | | | |
| Relationship to deceased: | | | | | | | | | | |
| Reason for referral:  Any previous experience of counselling?  Any previous psychiatric diagnosis, mental health treatment or special needs?  Any episode of suicidal thoughts or any attempts made?  **Service needs:**  Counselling ❑ Group Support ❑ Complementary Therapy ❑ Advice and Information ❑  Referred to service area:  Date referred: | | | | | | | | | | |
|  | | | | | | | | | | |
| DECEASED INFORMATION | | | | | | | | | | |
| Name: | | | | | Date of death: | | | | | |
| Circumstances of death: | | | | | | | | | | |
| Address: | | | | | | | | | | |
|  | | | | | | | | Postcode: | | |
| Referrer details | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
|  | | | | | | | | Postcode: | | |
| Relationship to client: | | | | | | | | | | |
| Telephone no.: | | | | | | Email: | | | | |
| GP Details if different from above: | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
|  | | | | | | | | Postcode: | | |
| Telephone no.: | | | | | | Email: | | | | |
| Please indicate Client’s Ethnicity | | | | | | | | | | |
| ❑ Asian British Bangladeshi  ❑ Asian British Indian  ❑ Asian British Pakistani  ❑ White & Asian | ❑ Asian British  ❑ Other Asian Background  ❑ Black British African  ❑ Black British Caribbean | | | ❑ Black British Somali  ❑ White and Black African  ❑ White and Black Caribbean  ❑ Other Black Background  ❑ Black British  ❑ Other Mixed background | | | ❑ White British  ❑ White Irish  ❑White Lithuanian  ❑ White Polish  ❑ White Romanian  ❑White Bulgarian | | | ❑ Gypsy/Traveler  ❑Other White background  ❑ Chinese  ❑ Vietnamese  ❑ Other  ❑Not Known  ❑ Not Asked |
| PLEASE POST or EMAIL TO: | | | | | | | | | | |
| **ADDRESS: 655 Barking Road, London, E13 9EX**  **TEL: 0207 510 1081/0207 510 4268**  **EMAIL:** [**referral@mithn.org.uk**](mailto:referral@mithn.org.uk) | | | | | | | | | | |
| **FOR BEREAVEMENT SERVICE USE ONLY:** LOGGED DATE: */ /* INITIAL ASSESSMENT: DATE: */ /*  ACTIONED: VOLUNTEER ASSIGNED: DATE*: / /*  *Referred to Complementary Therapy*  DATE: */ /*  *Referred to Advice and information*  DATE: */ /*  *Referred to group support*  DATE: */ /* | | | | | | | | | | |