

REFERRAL FORM Counselling in Primary Care Service (CIPC)

DETAILS OF PERSON BEING REFERRED

Name:

Address:

Gender: Male Female

Date of Birth: / /

Telephone - Landline:

- Mobile:

MEDICAL CARD Number* (in order for the referral to proceed a current valid Medical Card Number is required.)

Does person have additional needs?
(e.g. require wheelchair access, etc.)

REFERRER DETAILS

Name of referring agent:

Primary Care Team Area:

Job Title:

Address for referring agent:

Tel Number / Mobile:

Fax:

Signature:

Print Name:

Date: / /

GP DETAILS (if different from above)

Name of GP:

Primary Care Team Area:

Address of GP:

Tel No:

Fax:

MEDICAL HISTORY

Please give details of any relevant medical history.

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Please give details of any relevant current medication.

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Please give details of any relevant mental health history, including current / past attendance at mental health services or other counselling or addiction services.

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REASON FOR REFERRAL

Please give specific details of the main symptoms / presenting difficulties including duration degree of impact on day to day functioning and any additional difficulties the person referred is currently experiencing: (see referral eligibility criteria)

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Has this person indicated that they are willing to work on their psychological problems and that they are in a position to attend at this time? YES NO

Has this person been referred to any other agency? If so please specify:

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Has another family member or relative been referred to CIPC? If so please give Name and Date of Birth: (for ethical reasons clients who are related are not generally seen by the same counsellor hence it is important to know this information)

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Is there any other information about the referral that you would consider relevant?

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CIPC CLIENT OPT IN

I have given the client the CIPC Information Leaflet to enable them to opt in

Client consents to be contacted by :

Landline Mobile Letter Please tick () as appropriate

PLEASE RETURN COMPLETED FORM TO:

CIPC Counselling Coordinator HSE South (Cork & Kerry)
Penrose Wharf
Penrose Quay
Cork
Tel: (021) 468 1006