**Claudia Jones Organisation Private & Confidential**

 **Counselling Referral**

**Name**

**Address/ residential /post code**

**Phone:**  **Email Address:**

**Race/Nationality:**

**1] Reason for Referral**

**What are the main issues affecting your client?**

1. **Has your client experience any physical and or emotional abuse, separation or loss, trauma or anything which may have impacted their wellbeing? Please provide basic details**
2. **Has this client suffered any form of abuse domestic violence/abuse/ sexual/ coercive control?**

**Are they still in the abusive relationship?**

**Who is the perpetrator?**

**Are they living together?**

1. **Has your client been hospitalised either by the perpetrator or others? Please give details?**

 **Has your client talked about suicide?**

1. **Have they had any other counselling involving DV/DA?**
2. **Is your client taking Medication? please detail below**
3. **Has the client consented to this referral? Yes /NO**

**Request submitted by :**   **Relationship to client:**

Please return this form to:

**Bernice Molyneaux**

**Women & Families Gender-Based Violence Service Manager**

**103 Stoke Newington Road**

**N16 8BX**

**Tel: 020 7241 1646**

**Email: mail@claudiajones.org**

**For official use only**

**CJO approved application**

Name of Officer: Signed: Date:

Counsellor/therapist assigned to:

Date: