

**External Agency REFERRAL FORM**

*Unlocking the past – Surviving the present – Reclaiming the future*

**To be referred to Lifecentre a client must have experienced some form of sexual trauma, either in the past or more recently.**

**Please check this box to confirm your understanding of this requirement.** [ ]

**Details of person making the referral:**

Contact name: Click or tap here to enter text Role/occupation: Click or tap here to enter text.

Agency name: Click or tap here to enter text.

Email address: Click or tap here to enter text. Telephone number: Click or tap here to enter text.

**Details of the client:**

**Please be aware that we currently can only offer therapy to clients living in West Sussex**

Surname: Click or tap here to enter text. First name (s): Click or tap here to enter text.

Date of birth: Click or tap to enter a date. Age: Click or tap here to enter text.

Does the client live in West Sussex [ ] Yes [ ] No

Telephone number: Home: Click or tap here to enter text. Mobile: Click or tap here to enter text.

Is it ok to leave a message? [ ] Yes [ ] No

I confirm the above named person has agreed to this referral being made to Lifecentre and given permission for their details to be passed on and to be contacted by Lifecentre.[ ]

**Under 18’s only**

Name of Parent/Carer: Click or tap here to enter text.

Telephone number: Click or tap here to enter text. Email address: Click or tap here to enter text.

Is the parent/carer aware of this referral? [ ] Yes [ ] No

* Once we have received this completed and signed referral form, we will be in contact with the client directly to complete the referral process.
* Lifecentre therapy uses three stage trauma therapy which some clients can find emotionally demanding. To be able to benefit from therapy clients’ mental health and personal circumstances need a level of stability, with a level of external support if appropriate. After assessment clients may be signposted to other services Lifecentre can offer, such as psychoeducation support groups or the telephone helpline, if this is deemed more suitable

**External Agency Referrer Declaration**

In signing this referral to the Lifecentre I declare that

* I am referring this client to Lifecentre for support in dealing with sexual trauma, experienced either in the past or more recently
* I have obtained the client’s verbal consent to refer them to the Lifecentre.
* I have explained to the client that Lifecentre will contact them directly for any further information and to confirm the next steps in the therapy process

Signature: Date:

Print name: Click or tap here to enter text.

Please send the completed form to lifecentre.uk@nhs.net and we will process the referral and be in touch with the client direct.