



We do not take referrals for individual counselling for women who are currently accessing other counselling or psychotherapy services

If you have any questions about your referral, please contact woking.referrals@wip.cjsm.net

WSC Counselling Service Referral Form	
Date of Referral	
Name of Referrer	
Contact details of Referrer	
Name of client	
DOB	
Known as	
Address	
Phone	
Email	
Safe to contact/ leave messages?	
Is the client currently receiving other support from WSC?	
If Yes, please give details (name of WSC worker, nature of support)	
Other Services Involved	
GP's contact details (please note that the client needs to be registered with a GP before accessing the Counselling Service)	
What, (if any) other support is the client currently receiving? Please give organisations' names & contact details	

Name	Organisation	Phone

Criminal Justice System Involvement
Is the client currently involved with the criminal justice system or have a history of offending?
If Yes, please give details:

Mental Health and Counselling Needs		
Does the client have a Mental Health diagnosis?		
If Yes, what is the client's diagnosis or specified Mental Health support need?		
Is she currently experiencing any of the psychological/emotional issues below? Please indicate Yes or No for each issue		
Depression		
Anxiety		
Self Harm issues		
Bereavement		
Isolation		
Relationship issues		
Drug / Alcohol issues		
Life trauma		
Sexuality issues		
Communication & Access Needs		

What is the client's first language? y/n	
Would she need an interpreter if not English? Y/N	
Does she need support with the following?	
Hearing difficulties	
Visual difficulties	
Speech difficulties	
Physical disabilities	
If Yes to any of the above, please give details	
Any other needs? Please give details	

Please use this space to give brief reasons for referral to counselling and any other information the client/you would like the counsellor to have.

Please return to:
WSC Counselling Service, Women's Support Centre, 19 High Street, Woking, Surrey GU21 6BW
Email: woking.referrals@wip.cjsm.net
Telephone 01483 726621