**Families and Couples Counselling Referral Form**

Family Member 1:

Name:…………………………………………….…………………….DOB:………………….

Family Member 2:

Name:…………………………………………….…………………….DOB:………………….

Family Member 3:

Name:…………………………………………….…………………….DOB:………………….

Please detail the relationship of the above members:

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

(Questions marked below with an Asterix \* apply specifically to couples, please leave blank if these do not apply to you)

Language spoken: ………………………………………

Contact Number: ……………………………

Contact Email: ………………………………

Address: …………………………………………….………………………………………………………

…………………………………………………………

How long have you been together? \* ………………….

Do you have any children? \* If so, please detail how many and their age.

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Do any of the members listed suffer from any health problems? If so, please detail below.

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Have any of the members listed above been diagnosed with a mental health disorder such as depression, psychosis or bipolar and/ or battling with an addiction? If so, please detail below.

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Are all parties aware of this enquiry? If not, please detail below:

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Summary of Presenting Problem:

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Has domestic abuse ever been an issue?

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…………………………………………………………………………………………………… Details of Referrer:

Name: ………………………...............................................

Address: …………………………………………………...

……………………………………………………………..

Tel/Email: ……………………………………………………………………………………….

Signature:………………………………… Date: …………………………………………….

Please return the completed form by email to: [referrals@nafsiyat.org.uk](mailto:referrals@nafsiyat.org.uk)

By post to: Unit 4, Lysander Grove, Lysander Mews, N19 3QP