



# STEER CLIENT SERVICES

13 Pump Street Derry/Londonderry  
BT48 6JG

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## REFERRAL FORM

(ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE)

CLIENT DETAILS	
Surname	
Forename	
DOB	
Address	
Tel No.	

REFERRAL AGENT DETAILS	
Surname	
Forename	
Profession	
Address	
Tel No.	

### CURRENT CIRCUMSTANCES

This section helps us to identify the client's present circumstances. Please give details of current diagnosis, medication and any other health issues

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Current medication: \_\_\_\_\_

Other health issues: \_\_\_\_\_

### ADDITIONAL INFORMATION

Please give details of any other information that you believe we should be made aware of.

\_\_\_\_\_

### CLIENT SERVICES

Supported Recovery Programmes.

Anxiety Counselling.

Essential Skills (basic English, Maths and ICT courses)

Welfare Rights (housing, benefits etc)

Participants must satisfy the following criteria before accessing any of our services. Please indicate that your client satisfies each of the criteria by placing a √ in the relevant boxes.

	Criteria	√
1	Previous experience of suffering from a mental health difficulty.	
2	Willing to access services of his/her own free will	
3	Has shown a history of having co-operated with his/her health professional	
4	Shows a willingness to respect the confidentiality and dignity of all staff, volunteer sand service users	

Client Signature	
Date	

Referral agent Signature	
Date	

Referral agent's stamp          
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**OFFICE USE ONLY**

**Initial interview date:** \_\_\_\_\_

**Assessment Date:** \_\_\_\_\_

**Initials**

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