

Office use only: Allocated to: Location:

Date: Time:

NEW PATHWAYS ADULT REFERRAL FORM

Please indicate which project this referral is for:

New Pathways Counselling Project _____

The Outlook Project (at risk of / ex-offenders) _____

Hear to Listen (telephone counselling) _____

Referring Agency:

Referring Agency Address:

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Agency Telephone number (Incl. STD Code):

Date of Referral:

Contact Person: Position:

Please indicate below which venue is preferred. We will endeavour to allocate an appointment at the chosen venue, but we may suggest an alternative venue due to waiting lists.

Merthyr Tydfil	<input type="checkbox"/>	Swansea	<input type="checkbox"/>
Carmarthen	<input type="checkbox"/>	Risca	<input type="checkbox"/>
*Newport Probation Office	<input type="checkbox"/>	Bridgend	<input type="checkbox"/>
*Cardiff Probation Office	<input type="checkbox"/>	*Cardiff	<input type="checkbox"/>
Newport	<input type="checkbox"/>		

**New Pathways' Outreach Posts*

CLIENT'S DETAILS

Name of client:

Date of Birth: Age:

Address of client:
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Is the above client aware of this referral? Yes / No
If not, for what reason(s)?
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Can contact be made with the client by phone? Yes / No

Telephone number(s) of client: Home.....
Mobile.....

Can client be contacted by email? Yes / No
Email address of
client.....

Can contact be made with the client by post? Yes / No

Does this client experience any of these issues?

- Mental Health issues Yes / No
- Domestic Abuse Yes / No
- Drug Abuse Yes / No
- Alcohol Abuse Yes / No
- Behavioural Problems Yes / No

If the answer is 'Yes' to any of the above, please give further details below:

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Please indicate if there are any other agencies involved with the client, either present or pending:

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Has a report been made to the Police, or does the client intend to make a report to the Police regarding their referral issue? Yes / No

If "yes" please give details (including contact names if known):

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Please give us as much additional information on this client as you can, connected to the reason for this referral:

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How long, and in what capacity have you known this person?

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Does this client have any additional requirements concerning access or other support in order to use our services? We need to know to meet their specific needs eg disability, literacy etc.

Yes / No

If 'Yes' please provide details below:

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Please return this form either by fax to: **01685 384640** or by post to:

New Pathways, 11 Church Street, Merthyr Tydfil CF47 0BS