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**Relationship / Couples Counselling Referral**

Please complete all fields in the following form, you can email or post back to Lighthouse Counselling.

**Please include information of both parties**

|  |  |
| --- | --- |
| Title | Title |
| Forename | Forename |
| Surname | Surname |
| Date of Birth | Date of Birth |
| Address | Address (if different) |
| Postcode | Postcode |
| Main Contact Numbers | Main Contact Numbers |
| Can we leave messages?  Yes No | Can we leave messages?  Yes No |
| Your Email | Your Email |
| Employment Status | Employment Status |
| Gender | Gender |
| Ethnicity | Ethnicity |
| Religion (if none, enter 'none') | Religion (if none, enter 'none') |
| Relationship Status | Relationship Status |
| Length of relationship |
| Any dependent(s) of this relationship / previous relationship: |
| Do you have a disability we should take into account when allocating appointment premises? (required)  Yes / No | Do you have a disability we should take into account when allocating appointment premises? (required)  Yes / No |
| **YOUR CURRENT DIFFICULTIES**Please give any further details that you feel would help us understand your current problem?  |
| What would you like to achieve within the Relationship / Couples counselling sessions? |
| So that we can complete an initial assessment of both party’s needs, can you advise of the best day or time for us to contact each individual?  |
| Days & Timings of when both parties could attend counselling appointments together: |

**Both parties must provide consent.** Please sign below to confirm that you give consent for the above information to be used in assessment.

Sign…………………………………..….. Date …………………………

Sign…………………………………..….. Date …………………………

Your completed form will be assessed by a qualified counsellor, who will contact regarding the next step in our process of counselling provision.

Should you have any questions please feel free to get in touch either by email; admin@lighthousecounselling.org or telephone 01384 239222.

You can return the completed form via email to admin@lighthousecounselling.org

Post or deliver by hand to;

**The Lighthouse Centre**

**Lighthouse Counselling**

Salop Street,

Dudley, DY1 3AT