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## Private Psychotherapy Referral Form

*This form is intended for use by healthcare professionals and other referrers. Please ensure you have the client's consent before sharing any information.*

### 1. Referrer Details

**Name:**

**Professional Role / Organisation:**

**Email Address:**

**Telephone Number:**

### 2. Client Details

**Client Name:**

**Date of Birth (optional):**

**Email Address:**

**Telephone Number:**

**Is the client aware of and consenting to this referral?** ☐ Yes ☐ No

### 3. Reason for Referral

Please briefly describe the main reasons for referral and any relevant background information:

### 4. Presenting Difficulties (tick all that apply)

- ☐ Anxiety / Panic
- ☐ Depression / Low Mood
- ☐ Trauma / PTSD
- ☐ Stress / Burnout
- ☐ Relationship Difficulties
- ☐ Attachment Issues

- ☐ Grief / Loss
- ☐ Self-esteem / Identity
- ☐ Neurodiversity-related concerns
- ☐ Other (please specify):  
\_\_\_\_\_



## **5. Risk Information**

Are there any **current or recent risks** the therapist should be aware of? (e.g. self-harm, suicidal ideation, safeguarding concerns)

- ☐ No known risks  
☐ Yes (please provide details below):

## **6. Current Support**

Is the client currently receiving any other support?

- ☐ GP  
☐ Psychiatrist  
☐ Medication  
☐ None  
☐ Other (please specify): \_\_\_\_\_

## **7. Practical Information**

**Preferred Session Format:**

- ☐ In-person ☐ Online ☐ Either

**Availability (days/times):**

**Any accessibility needs or reasonable adjustments?**

## **8. Additional Information**

Any other information you feel would be helpful for the therapist to know:

## **9. Declaration**

I confirm that the client has given informed consent for this referral and for their information to be shared for the purpose of arranging psychotherapy.

**Referrer Signature:**

**Date:**

*Please note: This referral does not guarantee availability or suitability. An initial assessment may be required before therapy can begin.*

