**Couples Referral Form**

**Thank you for getting in touch and enquiring about therapy.**

Please complete all details within the form including both signatures for those participating in the counselling service. This form needs to be completed before counselling can commence. Please email the completed form to me at [contact@letsthinkdifferent.co.uk](mailto:contact@letsthinkdifferent.co.uk). All information provided will be held under the Data Protection Act 2018.

**Person 1 Details:**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Date of Birth: | Age: |
| Address:  Postcode: | Telephone Number  Email Address |
| Signature: | Date: |

**Person 2 Details:**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Relationship to above named: |  |
| Date of Birth: | Age: |
| Address:  Postcode: | Telephone Number  Email Address |
| Signature: | Date: |

**We would like to contact you for a free consultation and to confirm details of sessions.**

**How would you like us to contact you?**

* **Phone**
* **Email**

**Referral Details:**

|  |
| --- |
| Please outline the reasons for the referral: |
| Expectations for counselling: |

**Availability:**

For an easier process for you, please let me know as much availability as you can for weekly sessions, by circling the times and I will try to match your time as best as I can.

Thank you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 9am – 12pm | 9am – 12pm | 9am – 12pm | 9am – 12pm | 9am – 12pm |
| 1pm – 3pm | 1pm – 3pm | 1pm – 3pm | 1pm – 3pm | xxxxxxx |
| 3pm – 6pm | 3pm – 8pm | 3pm – 6pm | 3pm – 8pm | xxxxxxx |

**Any additional information you feel I may need to know:**

|  |
| --- |
|  |