Logo

Description automatically generated**Referral form**

Thank you for contacting Terapia.

We provide therapeutic support to people of all ages. This form can be used either by a parent or carer or by a client themselves. In most cases it would be helpful if the referral is for someone aged 18 or over that they complete and send in the form themselves, of course, we appreciate that there are circumstances where someone else may need to help with this process. Please take a few minutes to fill in our referral form so that we can help you to access the best support.

We strongly believe in the value of meeting in person. Our purpose designed therapy and training centre, ‘The Bothy’ is in Stephens Gardens, 17A East End Road, Finchley, London N3 3QE (very near the park entrance which faces Holmwood Gardens). If you are unable to access our service in person, contact us and we can discuss whether other options are suitable. In either case, please complete the referral form and return to [referrals@terapia.co.uk](mailto:referrals@terapia.co.uk) as a first step in accessing our service or call 0208 201 6101 for more information.

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| --- | --- |
| **Date referral sent:** |  |
| **Name of client(s) being referred:** |  |
| **D.O.B of client(s) being referred:** |  |
| **Gender of client(s) being referred:** |  |
| **Name of referrer (if different from client):** |  |
| **Relationship of referrer to client (if client is a child):** |  |
| **Address of client:**  **Address of referrer (if on  behalf of child but living apart):** |  |
| **Email address of client (or parent/carer guardian for child):** |  |
| **People living in the client’s household:** |  |
| **Phone number of client (if 18 years and over, or if making referral themselves):** |  |
| **Phone number of parent/carer/ guardian (if client is a child):** |  |
| **Name, relationship and phone number of who to contact in case of Emergency:** |  |
| **Ethnicity of client:**  (Optional) |  |
| **Religion of client:**  (Optional) |  |
| **Sexual orientation of client:**  (Optional) |  |
| **Current nursery, school, college name and address of client:** |  |
| **Occupation of client (if adult):** |  |
| **Occupation of parent/carers/guardian (where client is a child):** |  |
| **GP name and address of the client:** |  |
| **Any significant medical condition/medication:** |  |
| **Where did you find out about Terapia? If someone told you, what is their role/relationship?** |  |
| **Current or historic CAMHS intervention:** | Current  Historic None  |
| **Current or historic social work intervention:** | Current  Historic None  |
| **Please tick the presenting concerns the client is looking to address in therapy** (tick as many as feel relevant): | Depression   Anxiety related issues   Anger/aggression   Bereavement   Eating disorder   Mental health diagnosis   Suicidal ideation   Self-harm   Suicide attempt/s   Traumatic incident   Domestic abuse   Substance misuse   Addictions   Risk-taking behaviour   Asperger’s/Autism/ADHD   Learning difficulties   Physical disability   Gender/sexual identity   Traumatic/abusive family history   Relationship difficulties/separation   Adoption   Termination of pregnancy   Conception difficulties   Chronic pain/health issues   Parenting work   Difficulties at school/college   Bullying   General exploration of internal world   Forensic history   Other  Please specify:   |

Once completed, please email this form to [referrals@terapia.co.uk](mailto:referrals@terapia.co.uk) and we will be in touch to arrange an initial meeting, usually by zoom or phone call, to discuss our service and how we can help.