



RUACH WELL-BEING SERVICE REFERRAL FORM

Data Protection: Information from this form may be processed for purposes permitted under the General Data Protection Regulation. Individuals have, on written request, the right of access to personal data held about them.

Ruach City Church treats personal data collected during its processes in accordance with its data protection policy. Information about how your data is used and the basis for processing your data is provided in Ruach's privacy notice.

Please complete by writing or ticking as appropriate

Client Name:		DoB:
Gender: (Please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Preferred telephone number:		
Personal email address:		
Home address:		
GP Name and Practice address:		
RWS Section referred to, if known:		
Counselling history:		
Previous mental health concerns:		
Presenting issues: (Please tick)	Work related:	
	Church related:	
	Personal:	
	Other:	
Risk:	Addiction: Y/N Type:	Harm to self or/from others: Y/N Suicidal Ideation: Y/N

Self- Referral:	Y/N, if yes please sign and date 'client' section below and submit.	
Name of Referrer:		
Position and contact details:		
Signature:		
Date:		
Has the client been informed of and/or consented to the following:		
Referral to this service	Yes / No	
Confidentiality	Yes / No	
Cancellation & missed appointments policy	Yes / No	
Notes will be kept for duration of meetings and then destroyed	Yes / No	
Confidentiality, cancellations, and note-keeping have been discussed with me. I understand and confirm my agreement by signing below.		
Client:		Date:
RWS member client allocated to:	Print Name:	Date:
	Signature:	
Date referral received:		