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| **Counselling Service Referral Form** |
| **Date of referral:**  **Please tell us how you found out about the service:** |
| **Name:**  **Phone Number:**  **Email:**  Is it ok to leave a phone message?: yes no |
|  |
| **What is your gender?**  ** non-binary  female  male  agender**  ** other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Do you identify as transgender?**  **Yes  No  Questioning **  **Pronouns: he/him  she/her  they/them **  **Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **How do you describe your sexual orientation?**  **Lesbian/gay woman  Gay man  Bisexual**  **Heterosexual  Queer  Questioning   Pansexual**  ** Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **Have you used the counselling service before?** |

**Once we receive your referral form your details will be added to our waiting list. We will then invite you for an initial appointment to answer any questions you have about the service and to discuss whether this is the right service for you. If we agree to proceed, you will then be allocated a counsellor for 11 weekly sessions.**

**Please return this form to** [**counselling@lgbthealth.org.uk**](mailto:counselling@lgbthealth.org.uk)**.**