**Referral for Counselling or Art Psychotherapy**

***LJMC counselling and art psychotherapy is available for patients (and their families) receiving NHS treatment under the care of an MVCC oncologist.***

**Details of the person being referred**

Name: Date of birth:

Address:

Email:

male  female  patient  carer\*

*\*if carer: relationship to patient: patient’s name & DOB:*

Patient’s oncologist: hospital or NHS no:

Preferred contact phone number:

Alternative contact phone number:

If someone else answers the call, is it acceptable to leave a message with them? yes  no

GP name & address:

**Medical Details**

Cancer diagnosis:

Types of treatment (completed, planned or current with start/end dates):

**Referrer**

Referred by: position: phone:

Date of referral:

Form completed by (if different to above):

LJMC referrals only: referral made via helpline  drop-in

**LJMC use** Assessment booked: date: time: therapist:

other (withdrew/discontinued/referred on):

**Needs**

***Please ask the person you are referring these questions\*:***

How distressed have you been over the last week?

1  2  3  4  5  6  7  8  9  10

No distress Extreme distress

What issues are you seeking help with?

anxiety  depression  concerns about death  body image concerns

uncertainty about the future  poor self-confidence  panic attacks  sleep problems

relationship problems  fear of treatment ***other needs: please enter details in box below***

Have you had counselling at LJMC before? Yes  No  (if yes, please enter details in box below)

Are you currently having counselling with another service? Yes  No  (enter details below)

Have you been referred to any other counselling service? Yes  No  (enter details below)

*\*If you did not ask the person directly:*

*are these your judgements?  the person’s representative’s (e.g. relative) judgements?*

*have you directly gained consent from the person to be referred? Yes  No  (if no, enter reasons below)*

***Other information to be passed to counselling team: (e.g. person’s needs such as mobility or language needs, if holistic needs assessment done, other referrals, preferences)***