

Ref:	<b>Myton Counselling Service</b>		
	<b>Professional Referral Form</b>		
	<b>Confidential</b>		
Cross care:	<b>Post to:</b>		
	Counselling Department (marked confidential)		
Date Referral Received:	Myton Hospice		
	Myton Lane		
	Warwick		
	CV34 6PX		
	<b>Tel:</b> 01926 838820	<b>Email:</b> enquiries@mytonhospice.org	
	<b>Fax:</b> 01926 499658		

Person being referred									
Name:							Date of Birth:		
							/ /		
Address:									
Postcode:									
Tel No:					Mobile:				
Availability for Counselling: Does this person work?							YES / NO		
Is this person known to Myton Hospice?									
Referrer Details									
Name:									
Job Title:									
Place of work:									
Contact Tel no:									
<b>Is the person aware of the referral:</b>							<b>YES / NO</b>		
<b>Name of Deceased if applicable:</b>							If yes the Date of Death:		
<b>Relationship to Deceased:</b>									
Reason for the referral:									
Name of GP:									
Diagnosis: Cancer / malignant							Not recorded		
Other Life limiting condition:									
<b>Has this person accessed counselling previously with Myton or elsewhere</b>							<b>YES / NO</b>		
<b>Does this person have complex needs i.e. known to MH Services/CAMHs?</b>							<b>YES / NO</b>		
Ethnicity please tick	White British	White Irish	White Other	Mixed Race Caribbean	Mixed Race African	Other Mixed	Indian	Pakistani	
Black Caribbean	Black African	Chinese	Portuguese	Eastern European	Bangladeshi	Mixed White Asian			