

Sarah Agnes Foundation (SAF)

C/O Hugh Cubitt Centre

48 Collier Street. Kings Cross. N1 9QZ

## Referral to SAF Counselling

Date of form completed:.....

Client Details (Please Fully Complete)		
Name:.....	Tel:.....	
Address:.....	.....	
.....	Email:.....	
Postcode:.....	.....	
D.O.B:.....		
Name of parent/guardian (if under 16 years old):		
Next of Kin:..... Signature:..... Date:.....		
<b>Referring to (Please tick)</b>	Current School	
Child Counselling (5-11yrs) <input type="checkbox"/> Individual Counselling	Attended.....	
Youth Counselling (11-25 yrs.)    Couples Counselling	.....	
Adult Counselling (25-50 yrs.)    Group Work	.....	
Adult Counselling (50+)	.....	
Are ground floor services required? Yes/No	How did you hear about this service?.....	
If yes, please give detail:.....	.....	
Please give brief details about the situation for which counselling is being requested (including any medical/family history): Please tick any of the following that apply or any other within summary.		
Anxiety	Eating Issues	Self Harm
Anger	Emotional Abuse	Self esteem
Academic difficulties	Family Difficulties	Sexual Abuse/Assault
Behaviour	Family Separation/Divorce	Sleeping difficulties
Bereavement/loss	Financial Difficulties	Stress
Bullying	Health (Physical)	Suicidal Thoughts
Depression	Physical Abuse	Addictions
Domestic Violence	Relationship Difficulties	Trauma
Sexual Exploitation	Homeless Eviction	Culturally Isolated Situation

