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**Relationship / Couples Counselling Referral**

Please complete all fields in the following form, you can email or post back to Lighthouse Counselling.

**Please include information of both parties**

|  |  |
| --- | --- |
| Title | Title |
| Forename | Forename |
| Surname | Surname |
| Date of Birth | Date of Birth |
| Address | Address (if different) |
| Postcode | Postcode |
| Main Contact Numbers | Main Contact Numbers |
| Can we leave messages?  Yes No | Can we leave messages?  Yes No |
| Your Email | Your Email |
| Employment Status | Employment Status |
| Gender | Gender |
| Ethnicity | Ethnicity |
| Religion (if none, enter 'none') | Religion (if none, enter 'none') |
| Relationship Status | Relationship Status |
| Length of relationship |
| Any dependent(s) of this relationship / previous relationship: |
| Do you have a disability we should take into account when allocating appointment premises? (required)  Yes / No | Do you have a disability we should take into account when allocating appointment premises? (required)  Yes / No |
| **YOUR CURRENT DIFFICULTIES**Please give any further details that you feel would help us understand your current problem?  |
| What would you like to achieve within the Relationship / Couples counselling sessions? |

I give consent for the above information to be used in assessment.

Sign…………………………………..….. Date …………………………

Your completed form will be assessed by a qualified counsellor, who will contact regarding the next step in our process of counselling provision.

Should you have any questions please feel free to get in touch either by email; admin@lighthousecounselling.org or telephone 01384 239222.

You can return the completed form via email to admin@lighthousecounselling.org

Post or deliver by hand to;

**The Lighthouse Centre**

**Lighthouse Counselling**

Salop Street,

Dudley, DY1 3AT