

# Client Information

Details of person being referred:		How did you hear about CCC / Referrer details:	
Surname:		Name:	
First Name:		Job Title:	
Date of Birth:	Age:	Organisation:	
Address (please include postcode):		Contact No:	
		<b>Details of GP (unless already given above)</b>	
		Named GP:	
Can we send post to this address? <b>Yes</b> <b>No</b>		Surgery Name:	
Mobile No:		Please BRIEFLY give the MAIN reason for referral (e.g. domestic abuse)	
Landline number (if no mobile):			
Can we phone you on above number/s? <b>Yes</b> <b>No</b>			
Can we send texts to above number? <b>Yes</b> <b>No</b>			
Can we leave voicemails on above number/s? <b>Yes</b> <b>No</b>			

Email Contact & Permissions:	
Email Address of person being referred:	
Can we contact you by email? <b>Yes</b> <b>No</b>	Can we send updates about CCC by email? <b>Yes</b> <b>No</b>
Can we send occasional surveys or opinion polls about CCC by email? <b>Yes</b> <b>No</b>	

Health Information:	
Please tell us about any illnesses or conditions including: <ul style="list-style-type: none"> <li>• mental health problems</li> <li>• physical disabilities</li> <li>• asthma</li> <li>• epilepsy</li> <li>• hearing/visual impairments</li> <li>• learning difficulties</li> </ul>	
Do you need any adjustments to access our services?	
Please list any prescribed medication	
Who can we contact in an Emergency? <b>Please give:</b> <ul style="list-style-type: none"> <li>• Their name;</li> <li>• Their contact number</li> <li>• Their relationship to you</li> </ul>	

# Client Information

## Services Information:

Are you or have you been involved with any other services, e.g., Social Services, Home Treatment Team, Jobcentre, Carers Centre?			
Date of MARAC (if applicable)		Pending or current court case?	Yes No
Can we share information about your engagement with CCC with other organisations you are involved with, including your GP?		Yes	No
What would you like to gain from accessing CCC services? E.g., confidence, help for anxiety			
Please tick below all services you wish to access			
NB: All new referrals must attend an Assessment before accessing any services. Minimum age 18. No childcare provision			
One-to-One Support	TICK BELOW	Therapeutic Groups	TICK BELOW
Counselling / CBT		Creative Women (arts & crafts)	
		Wellbeing Workshops (various topics)	
Personal Development Courses	TICK BELOW	Support Groups	TICK BELOW
Brave Women (anxiety management)		Empowered Women (domestic abuse)	
Confident Women (confidence/assertion)		Supported Women (mental health support)	
Uplifted Women (managing depression)		Journey Through Grief (bereavement)	
As a Charity, we rely entirely on funding and donations to offer you these services. So, we ask for a minimum donation of £1 per session for every service, to help us to continue running. Thank you for your understanding.			
Preference for counselling / CBT: (F2F / Phone / Zoom):		Availability for counselling / CBT: (days / times)	

## OPTIONAL SECTION:

Are you happy to answer some Equalities information? This is only ever reported ANONYMOUSLY

Your Ethnicity		Your marital status	
Are you Disabled?		Culture, Belief, Religion	
Your sexual orientation		Gender Identity	
Have you ever identified as transgender?			

## Confirmation:

By signing below I understand and agree that the information on this form is correct to the best of my knowledge.

Your Signature:

Date:

Referral Date:		Referral Route: (online / email / phone)	
Assessment Type:		Assessment Date:	

# Client Wellbeing & Risk Assessment

Please choose one number between 1 and 5 for each statement that you feel best describes your experience over the last 2 weeks.

	STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
1	I've been feeling nervous, anxious or on edge	1	2	3	4	5
2	I've not been able to stop or control worrying	1	2	3	4	5
3	I've felt little interest or pleasure in doing things	1	2	3	4	5
4	I've been feeling down, depressed or hopeless	1	2	3	4	5
5	I've displayed violent / aggressive behaviour towards someone	1	2	3	4	5
6	I have hurt myself physically or taken dangerous risks with my health	1	2	3	4	5
7	I've been feeling good about myself	1	2	3	4	5
8	I've been feeling confident	1	2	3	4	5
9	I've been feeling terribly alone and isolated	1	2	3	4	5
10	I've been able to make up my own mind about things	1	2	3	4	5
11	Talking to people has felt too much for me	1	2	3	4	5
12	I've felt I've someone to turn to for support when needed	1	2	3	4	5
13	I have felt distressed by unwanted images or memories	1	2	3	4	5
14	I have been happy with the things I have done	1	2	3	4	5
15	I've been able to set goals and work towards achieving them	1	2	3	4	5
16	I've been dealing with my problems well	1	2	3	4	5
17	I've made plans to end my life	1	2	3	4	5
18	I've been feeling useful	1	2	3	4	5
19	I've been using drugs and/or alcohol as a way of coping	1	2	3	4	5
20	I've felt afraid, humiliated or shamed by another person	1	2	3	4	5