

General information	
Date of completing this form	
Full name of child or young person for whom help is sought	
Date of Birth	
Address where you live	
Home address if different	
Email address	
Phone number/s	
Immediate family members	
Full name	
Relationship	
Date of birth	
Full name	
Relationship	
Date of birth	

Medical information	
<p>Please note that in offering this service we are required to communicate with your GP but are happy to discuss what information would be shared.</p> <ul style="list-style-type: none"> For young people aged 18+ any correspondence copied to the GP would not be copied to the their parents, unless they have specifically requested this. For young people aged 16 - 17 we are happy to have a discussion about how we involve and communicate with their parents at the initial consultation or assessment. 	
Name of GP	
Name and address of GP Surgery	
GP contact number	

What you are seeking help with	
<p>Please describe the difficulties you are contacting us about.</p> <p><i>(Please give as much information as possible including how long the problems have been going on and any particular problems they cause)</i></p>	
<p>In which areas of everyday life have these difficulties caused you to struggle ?</p> <p><i>(please include education, social life, relationships)</i></p>	
<p>Have you already seen anyone about these difficulties ?</p>	
<p>Are you still seeing anyone about these difficulties ? If yes, who are you seeing ?</p>	
<p>Have you tried anything to sort out the difficulty? If yes, what have you done ?</p>	
<p>Has anything helped ?</p>	
<p>Has anything made things worse?</p>	
<p>Please give details of any medication you may have been prescribed for the problem in the past.</p>	
<p>Please give details of any medication you are currently taking</p>	
<p>Is there any other information you would like to add about the difficulty(ies) you have experienced ?</p>	

Please use continuation sheet at the end if needed

Payment details

We respectfully ask that you familiarise yourself with the terms and conditions (attached).

Please note that by completing of this form and booking an appointment you are acknowledging that you have read and accepted out terms and conditions.

If you proceed with an appointment with Families Inc, will you be looking to pay through your private health insurance company ? If you are, **please state the name of your insurance company and your authorisation code from them**

Data Protection

Referre Ltd respects your privacy and realises how important it is to you that your personal information remains secure. If you would like to see our Data Protection and Storage of Personal Information Policy then please contact us on 0117 230 6203.

Your personal data is protected by UK legislation, specifically the Data Protection Act 1998, and the Privacy and Electronic Communications (EC Directive) 2003. We aim to exceed our legal obligations by following best practice and reviewing our procedures regularly.

Where you found out about us

it would be helpful to us to know how you found out about Referre Ltd.

Please could you tick as many options as apply & make any comments you have in the adjoining blank section

GP		
Insurance Company		
Internet search		
Social media		
Recommendation		

Please return the completed form by email to info@pro2typemedical.co.uk for the attention of Lesley Gully

or by post to :

**Dr Shirley Gracias
 Referre Ltd
 PO Box 3034
 Devizes
 Wiltshire SN10 4WR**

Continuation sheet