



Adult Service - Referral Form for Professionals

Date of referral:	
Name of Referrer:	
Job Title of Referrer:	
Organisation:	
Work Tel:	
Mobile:	
Email:	
Address:	

DETAILS OF BEREAVED

Name of Bereaved Client:	
Home tel:	
Mobile:	
Email:	
Address:	

Gender:	Male/Female
Date of birth:	
Occupation:	
Disability	Yes/No If yes, please give details:
Ethnicity:	White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any Other White <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Mixed <input type="checkbox"/> Traveller <input type="checkbox"/> Other <input type="checkbox"/>

GP's name and surgery:	
Is your client/patient on any medication?	Yes/No If yes, please give details:
Has your client/patient received any form of counselling/psychological support?	Yes/No If yes, please give details:
Has your client/patient received psychiatric treatment?	Yes/No If yes, please give details of psychiatrist, diagnosis and medication:

DETAILS OF BEREAVEMENT

Who has died?	
Date of death?	
Age at death?	
Any other details/comments you wish to add about the death?	

If your client/patient has suffered more than one bereavement, please complete the following:

Who has died?	
Date of death?	
Age at death?	
Any other details/comments you wish to add about the death?	

Who has died?	
Date of death?	
Age at death?	
Any other details/comments you wish to add about the death?	

FAMILY BACKGROUND

Marital Status:	
Has your client/patient any children?	Yes/No If yes, please give details:
Details of Parents:	Age of Mother: Occupation of Mother: Age of Father: Occupation of Father:
Details of Siblings:	Age and occupation of siblings:

What is the reason for your client/patient seeking bereavement support now and what would he/she like to achieve?	
How did you hear about Bereavement Matters?	

Are any other agencies already involved?	Yes	No
If yes, please give details here:		

Have your client/patient contacted his/her GP about this bereavement?	
Yes	No
If yes, please give details here:	

IMPORTANT:
Please note that if your client/patient has a psychiatric diagnosis and/or secondary mental health problems, we may not be able to provide any long-term ongoing psychological support as we offer time-limited counselling only (a maximum of 20 sessions).
We will not offer support to any clients who are under the influence of drugs/alcohol.

CONTRACT for supporting bereaved clients/patients:

Bereavement Matters offers:

- a specialised bereavement service
- one-to-one counselling of 50 minutes per session
- a maximum of 20 sessions including missed/cancelled sessions
- weekly sessions held at the same time and place with the same counsellor
- a confidential service in a safe, non- judgemental and non-denominational environment

Bereavement Matters Fee Policy:

- initial one-off clinical assessment is charged at £40 per session
- weekly counselling sessions are charged at £40 per session
- An invoice will be sent at the end of the work (cheque to be made payable to ‘*St Albans Bereavement Network*’)
- missed or cancelled sessions are chargeable in full, apart from exceptional circumstances (such as prolonged illness or hospital admissions) to enable a space to be reserved weekly
- the counsellor’s holidays or absences will not be charged

Please indicate that you agree to our above terms and conditions by signing below and returning this form by email to help@sabn.org.uk or by post to:

**Bereavement Matters
PO BOX 671
ST ALBANS AL1 3ZX**

Name of Referrer:.....

Name of Person/Department to be invoiced:.....

Address invoice to be sent to:.....

.....

Signature: **Date:**

website: www.sabn.org.uk
email: help@sabn.org.uk (helpline)
admin@sabn.org.uk (admin)
PO BOX 671, St. Albans, Herts, AL1 3ZX
Tel: 01727 841841 (Helpline) 01727 841914 (Admin)
Registered Charity no. 1094636

