

MEET in Oxford

Making EMDR and Energy Therapies more accessible in Oxford

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To refer a client to us, please complete and return this form to **MEET in Oxford** by email or by post to the address above. All information will be treated as confidential. We aim to be in contact with both client and referrer within 14 days of receiving this form.

CLIENT CONTACT DETAILS

Family Name:	
Date of Birth:	Gender:
Address:	
Phone numbers:	Email:

REFERRER CONTACT DETAILS

Name of referrer:	
Referral agency or professional connection to the client:	
Address of referral agency/profession:	
E-mail:	
Phone number(s):	Referral date:
How long have you known the client?	

OTHER INFORMATION

Client's GP - name & address:
GP tel no:
Contact details of any others that have been helping this client:
Reason for referral and general circumstances:

I believe that the client meets the criteria for this service as listed below:

- Is looking for therapy because their life is seriously affected now by difficult experiences in the past.
- Is stable enough to be able to benefit from therapeutic intervention and is able to keep appointments with reasonable regularity.
- Has ongoing support available (if needed) for such issues as benefit claims, housing, court cases or immigration status.
- Is in control of alcohol or drug use so that there is no significant risk of attendance under their influence.
- Is not actively suicidal.
- Is unable to pay the usual fees for private therapy or access appropriate trauma therapy through the NHS or insurance.
- Could safely meet with a female counsellor in a private room.

Any known risk factors (please include any risk of harm to self or others):

Referrer: I confirm that the information above is correct to the best of my knowledge.

Signature of referrer.....*Typed signature is acceptable*

Client:

- I would like to have an assessment for Trauma Focused Therapy from MEET in Oxford.
- I give my permission to MEET in Oxford to correspond with my referrer in connection with this referral.
- I give my permission for MEET in Oxford to exchange information as necessary with my GP and with the following (e.g. please state any other individual, professional or service you would be happy for us to talk to):

...

- I consent to MEET using my personal data in accordance with General Data Protection Register 2018 (GDPR) as outlined below.
 - We keep computer and hard copy records in order to follow the progress of clients' therapy
 - We use strong passwords on computers and keep written records in a locked filing cabinet.
 - We will not disclose or provide client details to a third party without their written permission.
 - We may compile anonymous statistical data from time to time.
 - We keep client records for a period of seven years after therapy finishes in accordance with the requirements of our insurers.
 - If you would like access to your data or have any concerns about the use of your personal data you can contact us at admin@meetinxford.org

Signature of client..... *Typed signature is acceptable*