

MEET in Oxford

Making **E**MDR and **E**nergy **T**herapies more accessible in Oxford

at 43 St Giles OX1 3LW on Mondays

www.meetinoxford.org

meetinoxford@gmail.com

07531 195 291

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 on this form will be treated as confidential. We aim to be in contact with both client and referrer within 14 days of receiving this form.

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 know the client?	

CLIENT CONTACT DETAILS

Family Name:	First Name
Date of Birth:	Gender
Address:	
Phone numbers (including mobile):	Email:

OTHER INFORMATION

GP'S Name & Address:
Tel No:
Contact details of any others that have been helping this client

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 on significant risk of attendance under their influence
- Is unable to pay the usual fees for private therapy or access appropriate trauma therapy through the NHS or insurance
- Can safely meet with a female counsellor in a private room
- Is available to attend sessions at 43 St Giles on Mondays

Reason for referral and general circumstances

Any known risk factors: include risk of harm to self and others

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

Signature of referrer.....

I would like to have an assessment for Trauma focused therapy from MEET in Oxford

Signature of client.....