**Sage PsychologieUK Limited**

Referral form

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| Date: | \* |
| Referral from (Name & Company):  Telephone / email: | \*  \* |
| Client’s name:  Location of client (postcode if possible):  Gender:  Date of Birth / age: | \*  \*  ❑ Male ❑ Female  \* |
| Please tick to indicate reason for referral: | ❑ Brain Injury (complete checklist on Page 2)  ❑ PTSD |
| Location for assessment / treatment: | ❑ Client’s home  ❑ Sage Psychologie therapy rooms  ❑ Other (please specify) |
| Type of service required: | ❑ Initial Assessment  ❑ Treatment |
| Timescale for assessment/treatment to start: | \* |
| Further details, including background, family’s needs if relevant, and reason for referral at this point in time: | |

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| Brain Injury referral  Please tick any that apply: | ❑ Understanding brain injury and its effects  ❑ Advice about treatment and rehabilitation  ❑ Cognitive testing  ❑ Identity change, including loss and grief  ❑ Low mood and anxiety  ❑ Managing irritability and anger  ❑ Memory problems  ❑ Poor concentration  ❑ Executive difficulties, e.g. organisation, planning  ❑ Intimacy in relationships  ❑ Sleep problems  ❑ Achieving goals and planning for the future  ❑ Providing support for the client’s family  ❑ Other (please specify) |
| Brain Injury referral  Please tick any that apply: | ❑ Cogmed, evidence-based brain training software  ❑ Training, and working with those providing support, to understand and implement a rehabilitation approach  ❑ Integrated working with multidisciplinary teams to achieve joint goals and best outcomes  ❑ Consultation  ❑ Other (please specify) |

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| Tick to request: | ❑ CV  ❑ Sage Psychologie Terms & Conditions  ❑ Costs estimate |
| Please tell us where you heard about us: | \* |
| Add any other information you think is relevant: | \* |
| If you would like Dr Neal to contact you, please give 2 or 3 dates / times when it would be most convenient for you: | \* |

**please return this form to Dr Jo Neal via email: jo@sagepsych.co.uk**