**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 referralPlease 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 referralPlease 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**