



GP/General Referral form

THE DROP - IN

Bereavementcentre



187 Grange Road, Plaistow, London E13 0HA, Tel: 020 7511 6444

Full Name of Referee:

GP/Organisation Name:

Address:

Postcode: Telephone:

Date of referral:

REASON FOR REFERRAL PLEASE TICK BELOW

SERVICES THE CENTRE OFFERS

- | | |
|--|---|
| <input type="checkbox"/> Information on Bereavement | <input type="checkbox"/> Health and Wellbeing Social Activities |
| <input type="checkbox"/> Support Groups | <input type="checkbox"/> Outings to Places of interest/Fundraising Events |
| <input type="checkbox"/> Complimentary Therapy Sessions | <input type="checkbox"/> Will Advisory Information |
| <input type="checkbox"/> Face2Face/Telephone Bereavement Counselling | |

Clients Details to be completed by GP/Practice Manager/IAPT Referee

Clients name:

Date of birth: Male Female (*please tick*)

Address:

Postcode: Telephone/Mobile:

Ethnicity: Client email:

Does client require interpreter? Yes No

IF YES, PLEASE NOTE WE DO NOT PROVIDE AN INTERPRETING COUNSELLING SERVICE.

Date of death of Spouse/Partner/Family member (*please state*)

Multiple losses Single loss (*please tick*)

Is death covid related Yes No (*please tick*)

Has client accessed our services before? Yes No

RELEVANT INFORMATION NEEDED TO BE COMPLETED

"Mental Health/Addiction/Self harm/Previous counselling history please provide this information if known at the time of making this referral. If no history please put "No history known/Not applicable."

Provide contact details of community mental health key worker/home treatment team

Is client on medication: Yes No

HOW TO GET THERE

FROM CANNING TOWN BUS STATION:

*All Buses towards East Ham or Romford 5/69/115/276/300/474
FROM EAST HAM BARKING DIRECTION: 5/69/115/276/300/474
FROM STRATFORD or PLAISTOW STATION: 69

