

Referral form (pdf)

Please note this service is no longer free. There is a sliding scale of fees. Assessment sessions cost £5. Thereafter fees start at £3 per session.

If you are a GP, psychiatrist, counsellor, psychotherapist or psychiatric social worker, and would like to refer a patient to Southwark Bereavement Care, please use this referral form.

Please send your completed form to us by e-mail on info@southwarkbereavement.org.uk, by fax on **020 7735 1344**, or by post to **Southwark Bereavement Care, 108 Brook Drive, London SE11 4TQ.**

Please note that we will not be able to proceed with the referral unless all sections of the form are filled in. We will contact you to confirm receipt of your form.

Name of client	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Male/female	<input type="text"/>
Date of birth	<input type="text"/>
Name of GP	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>

Brief details of deceased including relationship to client, date of death and circumstances of death.

Brief past and present psychiatric history including diagnosis, medication and treatment.

What problems or symptoms is this client having that suggest s/he would benefit from bereavement counselling?

What outcome would you expect for this client from bereavement counselling?

Who will monitor the client during bereavement counselling and what other support will they get?

What other agencies are involved? Please give a contact name and telephone number.

Name of referrer and contact information. Please state your relationship to the client.

Has the client agreed to this referral?

Can the client be seen at your premises?

Please note: we cannot proceed with this referral unless all sections of this form are fully completed.

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