**Single Homeless Pathway - Psychotherapy Project Referral Form**

|  |  |
| --- | --- |
| Client’s name |  |
| Client’s contact nos: | M:  T: |
| Client’s email: |  |
| Client’s Key worker name |  |
| Client’s Key worker contact no: | M:  T: |
| Client’s Key worker email: |  |
| Keyworker’s Manager’s name: |  |
| Keyworker’s Manager’s contact nos: | M:  T: |
| Keyworker’s Manager’s email: |  |

**Further information about the client**

|  |  |
| --- | --- |
| Overview of housing and rough sleeping history |  |
| Known mental health issues un/diagnosed including self-harm, stress and anxiety and any interventions, medications |  |
| Known substance misuse |  |
| Detail any risk to others |  |
| Reason why referral to Psychotherapy Project felt to be beneficial |  |

Once complete please email this form directly to:

[lottie@lottiestrevenstherapy.co.uk](mailto:lottie@lottiestrevenstherapy.co.uk) and [pete.belfield@watford.gov.uk](mailto:pete.belfield@watford.gov.uk)

First contact will be made with the service user's keyworker, to discuss the case and arrange psychotherapy sessions.