



16 Pineside Avenue, Cannock Wood, Staffordshire. WS15 4RG – Tel: 01785 748447

PRIVATE THERAPY REFERRAL FORM

REFERRER DETAILS (Please fill in even if the referral is for yourself)

Name:	Relationship to client (if applicable):
Contact No:	Email:
Current address:	

CLIENT DETAILS

Name:	☐ Male ☐ Female	D.O.B
Date of referral:	Email:	
Address:		
	Contact No:	
School (if applicable)		

REASON FOR REFERRAL

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HOW DID YOU HEAR ABOUT US

- ☐ Recommendation/word of mouth
- ☐ GP
- ☐ School
- ☐ Website
- ☐ Google
- ☐ Other

DECLARATION

I confirm I have read and understand the terms and conditions below.

Signed:

Full Name:

Date:

Please complete and return to enquiries@midlandspychology.co.uk

FUNDING INFORMATION

Confirmation details for authorised funding: **private funding**

Terms and Conditions

Payment is required 24 hours prior to appointments; appointments will not progress until payment is received.

A cancellation fee equal to the price of the appointment is incurred if advance notice isn't given in 24 hours

FOR OFFICE USE ONLY

- ☐ Referred to EduTherapy – Education Pathway
- ☐ Referred to EduTherapy – Health Pathway
- ☐ To be discussed at allocations meeting
- ☐ Referred to Counselling – Livy Lassonier
- ☐ Referred to Counselling – Tom Robertson (L4)
- ☐ Referred for diagnostic work to be discussed with Dr.Kanika Fulcott

RESPONSE FROM PROFESSIONAL AFTER REFERRAL MADE, DETAILING NEXT STEPS AND RETURNED TO TRACY HARRIS FOR INVOICING @ FINANCE