**Family Support & Bereavement Services Referral Form - Adults**

**Thank you for considering KEMP support during this difficult time.**

**Our service operates Monday to Friday 9am – 4.30pm, except for bank holidays and Christmas holiday closure.**

**Guidelines for Referral to KEMP Hospice’s Counselling Service: Who can refer:**

* Referrals can be made by yourself, from a GP or someone acting in a professional capacity on your behalf (for example health care / social work). We are unable to accepts referrals from family members or friends.

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| **SELF REFERRAL** | **Yes  / No** |
| **PROFESSIONAL REFERRAL – is the client aware of the referral and given you permission to share this data?** | **Yes  / No** |

**Referral Criteria:**

* Adult – 18 years and over
* Client is living in Wyre Forest or registered with a Wyre Forest or Tenbury GP
* Have experienced a bereavement within the last 3 years or have been impacted by a palliative diagnosis (either yourself or someone you know)

**How to refer:**

* Referral is by completion of a KEMP Hospice referral form – via our website [www.kemphospice.org.uk](http://www.kemphospice.org.uk) or by telephoning the Family Support Team on 01562 756060

**Reasons for not accepting referrals:**

* Our counselling service is designed to support individuals who are able to engage in the counselling process and benefit from the support offered. Unfortunately, we are not able to provide support for individuals experiencing severe and enduring mental health difficulties that require specialist intervention or for those who may not be in a position to fully engage with counselling at this time. If you are unsure

whether our service is right for you, we encourage you to get in touch, and we can help signpost you to the most appropriate support.

* The client no longer wishes to attend
* Bereavement / illness is not the main focus for therapy.
* The bereavement is over 3 years ago

**All sections of this form must be completed in order for your referral to be processed and consent MUST be gained prior to referral.**

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| **Client Details** | |
| **Title and full name** |  |
| **Known as** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **NHS number (if known)** |  |
| **Date of Birth** |  |
| **Address**  **(Including postcode)** |  |
| **Preferred Contact number** |  |
| **Email Address** |  |
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| **Referrer Details** | |
| **Self-Referral** | Yes  / No  **(If self-referral please go straight to the client details section below)** |
| **Name of Referrer (professional)** |  |
| **Organisation Name** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Relationship to referred:** |  |
| **Has the client given consent for this referral?** | Yes  / No  **The client should be aware of the referral and given you permission to share this data** |

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| **Do you consent to us leaving a voicemail?** | **Yes  / No** |
| **Do you consent to us sending you a text message?** | **Yes  / No** |

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| **GP Surgery (and address if outside Wyre Forest)** |  |
| **Name of Emergency Contact** |  |
| **Relationship of Emergency Contact to you** |  |
| **Phone number of Emergency Contact** |  |
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| --- | --- | --- |
| **If bereaved, please give name of deceased** | **Date of Death** | **Relationship to client** |

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| **Where referral is concerning the palliative diagnosis of relative / friend, please give name of patient and overview of diagnosis.** |  |

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| **I have a palliative diagnosis and would like support for myself** | **Yes  / No** *(Please tick as appropriate)* |

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| **Referral reasons:** |
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| **Please give details of any other services who are currently supporting you, including mental health services** |
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| **Completed by:** |  |
| **Date:** |  |

**Please email completed form to** [**familysupport@kemphospice.org.uk**](mailto:familysupport@kemphospice.org.uk)

**If you require assistance on completing the form, please call the Family Support and Bereavement Services team on 01562 756060.**

**KEMP is committed to protecting your privacy and the personal data you share with us. You can access our privacy statement at** [**www.kemphospice.org.uk/privacy**](http://www.kemphospice.org.uk/privacy)