mind Norfolk and Waveney

Low-Cost Counselling referral form

Please complete the details below to help us process your referral for Low-Cost Counselling support. The information you provide allows our team to understand your needs and match you with the most suitable support as soon as possible. Thank you for taking the time to fill this in.

Please return this form to counselling@norfolkandwaveneymind.org.uk

First Name	**Last Name**
Date of Birth:	
Email Address	
Telephone Number	
Address	
Postcode	
GP Surgery	
Availability ☐ Monday ☐Tuesday ☐ Wednesday ☐Thursday ☐Friday	
Have you used LCCS before? If yes, when did this finish?	
☐ Yes ☐No	
Any Mental Health Diagnosis? If yes, please specify.	
☐ Yes ☐No	

Are you currently accessing / on any waiting lists for counselling or mental health support? If yes, please specify.
☐ Yes ☐No
Any historic / current issues with substance misuse?
☐ Yes ☐No