REFERRAL FORM

Cambourne Clinical Psychology. Dr Rachel Benford-Brown and Dr Lynda Teape, registered and chartered clinical psychologists. Telephone: 0796 11 64 337

Email: drbenford-brown@cambourneclinicalpsychology.com

drlyndateape@cambourneclincialpsychology.com

Consulting Rooms: Cambourne Psychology, PO BOX 1438, Cambridge, CB1 0HP.

Client Information

Full name and title:

Date of birth:

Home address:

Telephone number:

Email address:

Reason for referral/presenting difficulties:

Treatment history:

Current prescribed medication:

Risk History and current risks/concerns:

Other Agencies involved:

Other relevant information:

Referrer's name and profession:

Referrer's address:

Referrer's Contact Number:

If not referred by GP, please complete the section below:

General Practitioner's name:

General Practitioner's address:

Please confirm that you have discussed this referral with your client and they have given their consent for us to contact them to discuss the referral further.