



CONFIDENTIAL INFORMATION

Lancashire LGBT Referral Form

The information which you give will be used in accordance with the General Data Protection Regulation. We will not share any information that would identify anyone unless there are safeguarding concerns. The information will be kept securely and will be kept no longer than necessary.

.....
Date:

Please give the details of the person making the referral:

Name:

Organisation:.....

Job title

Address & postcode:

Phone:

Email:

Do you have consent from the individual to refer them to our service?

Yes No

Name (the name the person being referred would like us to use):

.....

Are they known by any other names?

.....

Pronouns: He/Him She/Her They/Them Other*

***If other, please state:**

www.lancslgbt.org.uk

Derby House
Lytham Rd
Preston PR2 8JE

hello@lancslgbt.org.uk Tel: 07788295521



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Date of Birth:

Address & postcode:
.....

Please give their contact details:

OK to telephone/leave voicemail? Yes No OK to send text? Yes No

Phone number:

OK to contact by email? Yes No

Email:

What is their preferred method of contact? Phone Email Text Any

How do they describe their gender identity?

Female Male Non-binary Other: please state.....

Do they identify as a different gender to the one on their original birth certificate?

Yes No Prefer not to say

How would they describe their sexual orientation?

Bisexual Gay Heterosexual Lesbian Pansexual Other*

Prefer not to say

*If other, please state:

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How do they describe their ethnicity?

African Any Other Black / African / Caribbean Any Other Ethnic Group * Any other white background Arab Asian British Bangladeshi Black British Caribbean Chinese Dual or Mixed Ethnicity Gypsy or Irish Traveller Indian Pakistani Prefer not to say White British White Irish

***If other, please state:**

Do they have a religion or belief?

Yes No Prefer not to say

If yes, please state:

Do they have any disabilities or support needs? *(knowing this will help us to support them in the best way)*

Yes No Prefer not to say

If yes, please state:

Please describe in as much detail as you can what support you have been giving this person and when that support began:



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Please describe the kind of support they are looking for from Lancashire LGBT:

If the request is for COUNSELLING, do they have a preference for a male or female counsellor?

No preference Would prefer a male counsellor Would prefer a female counsellor

Do they have a preference for the counselling to take place online or meeting face-to-face*? (*face-to-face meeting may not be possible due to Covid-19 restrictions).

No preference Online Meeting face-to-face

If the request for support is in relation to gender identity, has there been a referral made to a gender identity clinic (NHS or private)?

Yes No not applicable

If yes, what clinic were they referred to & when was this referral made?



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Do you have any concerns about this person's own safety? (For example: self-harm, suicidal thoughts, drug or alcohol use, unsafe/risky sex, being abusive to others or others being abusive to them or those around them)

[Empty box for concerns]

Are they being supported by any other relevant professional(s) at the moment?

Yes No

If yes, please provide their details:

Name:

Organisation & job role:

Phone number &/or email address:

Please provide the details of their GP:

Name of GP:

Address of GP surgery:

Phone number of GP surgery:

Is the patient currently on any medication? If so, what?.....

.....



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Please provide the details of an emergency contact: *(this could be their GP as already stated or might be a parent, partner, family member, friend etc)*

Name:

Phone number:

Relationship to the person being referred:

.....

What name do they know this person by?

.....

****Please note***- we will not contact other professionals, the GP or emergency contact without the client's permission except in a situation where there are safeguarding concerns, for example, someone's life is in immediate danger.*

GDPR PERMISSION:

I give permission for my personal details to be shared with Lancashire LGBT

Signed.....

or

I certify that this client has given permission verbally for their personal details to be shared with Lancashire LGBT

Signed.....