



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](http://www.lancslgbt.org.uk)

Derby House  
Lytham Rd  
Preston PR2 8JE

[hello@lancslgbt.org.uk](mailto:hello@lancslgbt.org.uk) Tel: 07788295521



CONFIDENTIAL INFORMATION

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: .....

[www.lancslgbt.org.uk](http://www.lancslgbt.org.uk)

Derby House  
Lytham Rd  
Preston PR2 8JE

[hello@lancslgbt.org.uk](mailto:hello@lancslgbt.org.uk) Tel: 07788295521



CONFIDENTIAL INFORMATION

**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:**



CONFIDENTIAL INFORMATION

**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?**



**CONFIDENTIAL INFORMATION**

**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)*

**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?.....**

.....

[www.lancslgbt.org.uk](http://www.lancslgbt.org.uk)

Derby House  
Lytham Rd  
Preston PR2 8JE

[hello@lancslgbt.org.uk](mailto:hello@lancslgbt.org.uk) Tel: 07788295521



**CONFIDENTIAL INFORMATION**

**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.....