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REFERRAL FORM

This form is to help us assess your needs.

Please answer the following questions as fully as you are able to.

All the information you give us will remain confidential to icap.

For tick boxes – just click in the box.

First name:	
Initial	
Surname:	
Date of birth:	
Address:	
Postcode:	
London Borough (if applicable): *e.g. Camden, Islington etc.*	
Landline:	
Mobile:	
Is it ok to leave a message	
(a) with someone answering your phone	Yes ☐ No ☐
(b) on your answer machine	Yes ☐ No ☐
Email:	
Best time of day to contact you by phone:	Morning ☐ Afternoon ☐ Anytime ☐
Can we write to you/email you at these addresses?	Yes ☐ No ☐
If not, please provide an alternative:	
Are you Irish?	No ☐ Yes - 1st generation ☐ Yes - 2nd generation ☐
Where is your place of birth? *If you were born in Ireland, please state what county:*	
Other (please specify):	
How long have you lived in the UK?	
Do you have a disability or mobility issues?	Yes ☐ No ☐

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If yes, please provide more information:	
Is this your first time to contact ICAP?	Yes ☐ No ☐
If no, please provide more details:	
To protect your confidentiality, please let us know if any of your family members have or are currently attending ICAP:	Yes ☐ No ☐
If yes, please state name and relationship:	
Your GP's name and address:	
GP phone number:	
Have you had counselling/therapy before?	Yes ☐ No ☐
If yes, please can you tell us where and when?	
Was it helpful?	Yes ☐ No ☐
Are you seeing or have you ever seen a psychiatrist?	Yes ☐ No ☐
If yes, please can you tell us when and what treatment was recommended?	
Psychiatrist's name:	
Phone:	
Are you on any medication?	Yes ☐ No ☐
If yes, please can you give us details:	

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How did you hear about icap?	On line research ☐ Friend or family ☐ Irish Support organisation ☐ *Please state which one* Other ☐ *Please provide more details:*
Please let us know about your availability for appointments, e.g. which days and times are good for you.	
It might be important for us to know why you are referring yourself to ICAP at this time. If you wish, please provide more information. *Please continue onto a separate sheet if you need to.*	

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The next part is a simple tick box questionnaire to help us ensure that we are reaching all sections of the community

Gender	Male ☐ Female ☐
What is your ethnic group	
White	British ☐ Irish ☐ Gypsy/Irish traveller ☐ Any other white background, please give more details below
Asian/Asian British	Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background, please give more details below
Mixed/multi ethnic groups	White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed/multiple ethnic background: please give more details below
Black/African/Caribbean/Black British	African ☐ Caribbean ☐ Any other black/African/Caribbean background, please give more details below
Any other ethnic group	Arab ☐ Any other ethnic group, please give more details below Hispanic

Employment	Working full-time ☐ Working part-time ☐ Unemployed ☐ Retired/pension ☐ Student ☐ Carer ☐ Full-time Parent ☐ Long term sick/disabled ☐ Other ☐ *Please state* Benefits ☐

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If on benefits please give more details:	
Sexual orientation	Heterosexual/straight ☐ Gay Woman/lesbian ☐ Gay Man ☐ Bisexual ☐ Other ☐ Prefer not to say ☐
Personal status	Single ☐ Co-habiting ☐ Married/civil partnership ☐ Widowed ☐
Education	GCSE/O Levels ☐ Irish Inter. Cert/Junior Cert ☐ A/AS levels ☐ Irish Leaving Cert ☐ Degree ☐ Professional qualifications ☐ *e.g teaching, nursing, accountancy etc.* No qualifications ☐

Thank you for filling in this form.
Please return it by email to clinicaladmin@icap.org.uk or by post to:
icap, 96 Moray Road, London, N4 3LA