

## Referral to Peony Therapy

Please complete this form to make a referral to Peony Therapy. The referral can be made by a person wishing to access the service, or by another organisation on their behalf.

In order to make sure that this process runs as smoothly and efficiently as possible, please complete this form and return it to us at the above address or alternatively request a referral by email and we will be happy to send it to you electronically.

If help is needed to complete the form, please telephone us on the above number and we will be happy to assist and answer any queries.

Is this a Self-Referral?    YES        NO   

Name:		Dob:	
Address:			
		Post Code:	
Gender: Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Home Tel No:			
Mobile No:		Email:	
Can initial contact be made by telephone?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please specify when is the best time to contact you and by what method:			
May we leave a message?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Can we contact you by email?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Referring Organisation:			
Address:			
		Post Code:	
Tel No:		Email:	

Please sign and return this form Peony Therapy, 12 Water Lane, Bishops Stortford, Herts CM23 2JZ.  
 Once the form has been received, contact will be made to arrange an initial assessment as soon as possible.

Signed:.....

Date:.....

For office use only Ref: