

Quetzal client referral and log

Referral		Date of first contact	Client number	
Name		OK to contact? Y=Yes D=Discreet N=No		
Address	Telephone home		Y/D/N	
	Telephone work		Y/D/N	
	Mobile		Y/D/N	
Postcode	Y/D/N	DOB	Ethnicity	
Who referred or how did client find Quetzal?		GP name & practice		
Email		Psychiatrist name & hospital		
Any special needs?		Social worker name & contact		
<i>Referral – just complete above this line</i>				
Assessment		Assessor	Location	
Assessment date & time				
Counselling	<i>1st allocation counsellor</i>		<i>2nd allocation counsellor</i>	
Venue offered				
Day & time offered				
Date details sent to counsellor				
First appointment date offered				
Ending date				
Ending planned or unplanned?				

Please send completed referrals to:

The Quetzal Project 14-16 Talbot Lane, Leicester. LE1 4LR

Or email us at help@quetzal.org.uk

You can also refer by calling us on 0116 2539103.

Add further notes as required overleaf.