**Referrer Name**

|  |
| --- |
|  |

**Referrer Email**

|  |
| --- |
|  |

**Referrer Profession**

|  |
| --- |
|  |

**Referring Organisation**

|  |
| --- |
|  |

**Do you have the clients consent to refer?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**Client Name**

|  |
| --- |
|  |

**Client Email**

|  |
| --- |
|  |

**Client Phone Number**

|  |
| --- |
|  |

**Client Emergency Contact Name**

|  |
| --- |
|  |

**Client Emergency Contact Mobile**

|  |
| --- |
|  |

**Client Emergency Contact Relationship**

|  |
| --- |
|  |

**Primary Reason for Referral**

|  |  |
| --- | --- |
|  | Previous substance use  |
|  | Previous alcohol use |
|  | Affected by a family members substance/alcohol use |
|  | Physical health issues  |
|  | Mental health issues (including C/PTSD) |

**Which class are you referring to?
(see website for details or call us to discuss options)**

|  |  |
| --- | --- |
|  | Monthly women’s trauma-informed, Dalkeith  |
|  | Yoga for health (mat based) Craigmillar  |
|  | Gentle Yoga, The Crannie |
|  | Move, relax, chat (chair based), Leven  |
|  | Yoga for health (chair based), Craigmillar |
|  | Yoga for health (chair based), Gyle  |
|  | Yoga and relaxation (chair-based), Dalkeith |
|  | Yoga and meditation, (chair based) Wester Hailes |
|  | Yoga and meditation (mat based), Wester Hailes  |

**Thank you for taking time to complete this form.**

**Please post to 27 Station Road, Roslin, EH25 9LP or**

**email to admin@edinburghcommunityyoga.co.uk.**

**Once we receive your referral, we will contract the referee and support them to make a booking and attend the class.**