



**Member of UK Council for Psychotherapy**

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Administrator: Annette Rodney

**West Midlands Institute of Psychotherapy**

36 Harborne Road,  
Edgbaston  
Birmingham B15 3AF  
Tel/fax 0121 455 7888  
[www.wmip.org](http://www.wmip.org)  
[admin@wmip.org](mailto:admin@wmip.org)  
[chair@wmip.org](mailto:chair@wmip.org)  
[hon.sec@wmip.org](mailto:hon.sec@wmip.org)  
[editors@wmip.org](mailto:editors@wmip.org)  
[events@wmip.org](mailto:events@wmip.org)  
[referrals@wmip.org](mailto:referrals@wmip.org)  
[hon.treasurer@wmip.org](mailto:hon.treasurer@wmip.org)

**REFERRAL REQUEST FORM**

This form allows therapists to have a brief knowledge of the applicant and you are asked to complete it as far as you can. It will help us to make an appropriate match for you.

Name: _____	Miss[ ] Ms [ ] Mr[ ] Mrs[ ] Dr[ ] (tick or state title)
Age: <input type="text"/>	Gender: <input type="text"/>

Address _____ _____ _____
Telephone _____
Mobile _____
Email _____

Please indicate your preferred area(s) for the location of a psychotherapist.

Please write briefly why you are seeking therapy.

Have you ever used mental health services (NHS or private)?    Yes     No   

If yes please give details

Please give details of any medication (past or present) prescribed for your mental health: