

Survivor Referral Form

Please return to referrals@rcgrampian.co.uk

or

RCG, Langstane house, 6 Dee Street, AB11 6DR

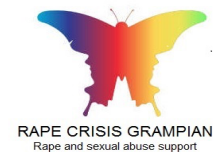
Survivor Name:

Date:

Preferred Name:			
Pronouns:			
Preferred Tel. No:			
Age:		Date of birth:	
Address:			
E-Mail:			
Preferred method of contact	Call / text / email / letter / either		

Safe to Call?	Yes	No	
Call Anytime?	Yes	No	
Leave Voice/Text Message?	Yes	No	
Safe to E-mail?	Yes	No	
Safe to Send a letter?	Yes	No	
Safe to Identify Over Phone/Message/e-mail/letter?	Yes	No	
Area for Support	Aberdeen City	Aberdeenshire	

Referral Details



Self-Referral:	Yes	No
Agency Name if Applicable:		
Name:		
Tel. No:		
Email:		

Consent for Rape Crisis Grampian to provide feedback to the referrer, stating you have/have not accepted our services?	Yes	No
---	------------	-----------

General health information in relevance to referral (eg, meds from GP, CPN, epilepsy etc)

Points that are important to know for support (eg, flashbacks, nightmares, depression etc)

Areas of vulnerability (eg, homeless, addiction, Domestic violence, trafficking etc)

Any other Professional Support

Has anything been reported to the Police?

Yes / No/ Considering