

# Couple & Family Therapy Outpatient Service

## Referral Form

### Submission Instructions

Please complete and send this form via one of the following methods:

- 1. HealthLink or Practice Manager System** (e.g., Socrates, Helix, HealthOne).
- 2. Email:** couple.familytherapy@sjog.ie
- 3. Post:**  
Couple & Family Therapy Service,  
St John of God Hospital,  
Stillorgan, Co. Dublin, A94 FH92.

For inquiries, contact us at **01-277 1400**.

### Patient Details

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

GP Aware of Referral?    Yes     No

### Referrer Details

Name:

Address:

Phone Number:

Email Address:

Organisation Name (if applicable):

### Reason for Referral

*Please provide the main reason for referral:*

### Clinical Information

Relevant Mental Health Diagnoses:

Current Medications (if any):

Any Current Risk Concerns?      Yes       No

If Yes, please specify:

### Exclusion Criteria

*Please confirm that the patient does not fall under the following categories:*

- In active addiction.
- Actively suicidal or engaging in self-harm behaviours.
- Current or historical abuse involving family members joining therapy.
- Currently an inpatient or in active crisis.