



Willow Tree
Clinical Psychology Service

Dr Simone Raenker
Clinical Psychologist and EMDR Therapist

CONFIDENTIAL SELF-REFERRAL FORM

Name:	Date of birth:
Best number to call:	Best contact email:
Emergency contact name:	Emergency contact number:
Home address including postcode:	
GP's name, telephone number and address including postcode:	
Name, telephone number and address of any relevant health professional involved in your care:	
If client is a young person, please provide school details and a name of contact:	
Please briefly describe the reason for the referral:	
I am happy to be contacted via: - EMAIL / PHONE CALL / TEXT / VOICEMAIL (delete as applicable)	
How did you come across this service?	