

We Do Recover - Referral Form

Confidential Referral Form

Section 1: Referrer Details (if not a self-referral)

Name:

Role/Relationship to Participant:

Organisation (if applicable):

Contact Number:

Email:

Consent obtained from participant? (Yes/No):

Section 2: Participant Details

Full Name:

Date of Birth:

Phone Number:

Email Address:

Preferred Method of Contact: (Phone / Text / Email / Other)

Address (optional):

Is this a self-referral? (Yes/No)

Emergency Contact Name & Number:

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Section 3: Reason for Referral

Please tell us why you or this person is being referred to We Do Recover:

(e.g. beginning recovery, looking for support, struggling with wellbeing, ready to share their story)

Section 4: Areas of Interest (tick all that apply)

- 1-to-1 Recovery Coaching
- Person-Centered Recovery Planning
- Holistic Development (sound baths, meditation, energy work)
- Family Support
- Walking / Strength Sessions
- Storytelling (podcast or documentary)
- Not sure yet - open to exploring

Section 5: Additional Information

Mental or physical health considerations (if any):

Current support in place (services, professionals, groups):

Best days/times to be contacted:

Section 6: Declaration & Consent

By submitting this form, I confirm that:

- The participant agrees to be contacted by We Do Recover.
- The information provided is accurate to the best of my knowledge.

Signed (Participant or Referrer):

Date:

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