



Referral Form Guidelines for Completion

Section 1 – Is to be completed by all persons who are referring an individual.

Section 2 – Is also to be completed by the referrer, but only if that person is a medical professional such as a G.P, or an official care worker such a social worker or a key worker.

Section 3 – Is to be completed by the client.

All information will be treated in the strictest of confidence.

Please return completed forms to:

The Lighthouse Foundation
71 Lugsdale Road
Widnes
Cheshire
WA8 6BG

Lighthouse Foundation charity No. 1002395

