**Counselling Referral Form**

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| **SECTION 1: Referral Details (Mandatory)**  The information in this section will be used if we need to contact the person who made the referral to gather additional information. We will also use this in our anonymous monitoring reports. | |
| **Are you making a referral for yourself or someone else?** | I am the professional  I am the parent/guardian  I am the young person being referred |
| **Date of Referral** | Click or tap to enter a date. |
| **Name of referrer and position (if professional)** | *(Leave this section blank if you are making the referral yourself)*  Click or tap here to enter text. |
| **Does the young person want to see a counsellor and consent to this referral?** | Consent is required from the young person. If the young person does not want counselling we can still offer an assessment to see if we can support in any way.  Yes No  Click or tap here to enter text. |

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| **SECTION 2: Client Details (Mandatory)**  The information in this section is used so that we can work with you in a productive way, and make sure that you are in the right age range to access our service. | |
| **Name/Pronouns (I.E He/she)** | Click or tap here to enter text. / Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. |
| **Gender/identifies as** | Click or tap here to enter text. |
| **Ethnicity** | Click or tap here to enter text. |

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| **SECTION 3: Client Details Continued (Mandatory)**  The information in this section will be used if we need to contact the person who made the referral to gather additional information. We will also use this in our anonymous monitoring reports. | | | |
| **Address** | Click or tap here to enter text. | **Post Code** | Click or tap here to enter text. |
| **Contact Number(s)** | Click or tap to enter a date. | **Email** | Click or tap here to enter text. |
| **Who does the young person live with?** | Click or tap to enter a date. | **Contact details** | Click or tap here to enter text. |
| **GP Name and address** | Click or tap to enter a date. | **Contact details** | Click or tap here to enter text. |
| **Details of any other professionals working with the young person at this time** | Click or tap to enter a date. | **Contact details** | Click or tap here to enter text. |

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| **SECTION 5: Medical Information**  We need to know about any medical conditions or disabilities you have to make sure that you have any support you might need to access our services. **Please fill out as much of this section as possible.** | |
| **Health Issues or disabilities:**  Please note any diagnosed medical or mental health conditions as well as any issues that may affect the young person’s ability to access counselling sessions | Click or tap here to enter text. |

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| **Section 6: About the young person’s needs**  The information in this section is used so that we can work with you in a productive way. By explaining why you want to access counselling we can make sure that we are the right type of support that you need. We will also use this information to establish whether you are at immediate risk and need to be contacted quickly. |
| **Reason For Referral/Presenting Issues** |
| Click here to enter text. |

Base 51 offers both fully and part subsidised sessions for young people whose household income is under £30,000 per annum. You may be asked to provide proof of income in order to determine eligibility for this support. Cost will be determined on an individual circumstances at the organisations discretion.

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| By signing this form you are accepting that you understand how we will use the data you have provided. If you are not sure about any part of this form, please talk to a member of staff before signing the form. Entering your name in the box will be accepted as an electronic signature | | | | | |
| Signed | Click here to enter text. | Print | Click here to enter text. | Date | Click here to enter a date. |

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| **If you are at risk of seriously harming yourself or you think the person you are completing this referral about is at serious risk of harm please seek help immediately.**  **Contact your Doctor/G.P; Child and Adolescent Mental Health Services (CAMHS) Parents Helpline - 0808 802 5544; Childline - 0800 1111; Samaritans - 116 123**  **We may not be able to offer immediate support and don’t want you to be kept waiting if you need help immediately.** |

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| **COUNSELLOR USE ONLY** |
| Date Received: Click or tap to enter a date.  Name of staff: Click or tap here to enter text.  Referral accepted? Yes  No  If no, please state why Click or tap here to enter text.  Risk of Self Harm or Suicide? Yes  No  If yes, provide details of action taken  Date added to system: Click or tap to enter a date. |