|  |
| --- |
| **YMCA Worcestershire Counselling Service:**  Referral Form |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| So that we can add your details to our referral list please download and TYPE the information to complete this form then return it to us at [counselling.referrals@ymcaworcestershire.org.uk](mailto:counselling.referrals@ymcaworcestershire.org.uk).  If you are Under 18 you will need support from a trusted adult (parent/teacher/GP) etc | | | | | | |
|  | | | | | | |
| **Individual Details** | | | | | | |
| First Name |  | Last Name |  | | | |
| Date of Birth |  | Gender | M | | F | Identify as other |
| Ethnicity |  | First Language |  | | | |
| Address of Individual |  | | | | | |
| Postcode |  | Client Telephone | |  | | |
|  |  |  | |  | | |
| Name of Referrer |  | Referrer Telephone | |  | | |
| Relationship to Individual |  | Referrer Email | |  | | |
| GP Name |  | GP Telephone | |  | | |
| GP Address |  | | | | | |
| School/College |  | School Contact Name | |  | | |
| School Telephone |  | School Contact Email | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the Parent/Carer of the Individual know of this referral? | | | | Yes / No |
| Has the young person (if age 13+) consented to this referral? | | | | Yes / No |
| Is the school aware of this referral?  *Nb. we will contact your school/college to develop a support plan* | | | | Yes / No |
| What has led you to make contact with us?  *Why do you feel YMCA Worcestershire’s counselling service could help?* |  | | | |
| Can you tell us about you (your child/YPs) general health?  *Include any medication taken* |  | | | |
| What changes could our service help you (your child/YP) to make? |  | | | |
| Can you tell us about your (child/YPs) family?  *eg who lives with you/them, who do you/they see regularly, how do you/they get on?* |  | | | |
| Can you tell us more about your (child/YP’s) school and other relationships?  *e.g How is school, any issues with bullying, non-attendance, friends etc* |  | | | |
| To help you get the right level of support please let us know if you (your child/YP) have ever self-harmed, taken an overdose or attempted to end your/their life. |  | | | |
|  | | | | |
| What help or support has been given before for your/their anxiety? *(circle all that apply)* | Please delete as appropriate | | Name of person | |
| A staff member in school? | Yes / No | |  | |
| School Health Nurse? | Yes / No | |  | |
| Health Visitor? | Yes / No | |  | |
| Kooth (online counselling)? | Yes / No | |  | |
| Parenting & Family Support /Connecting Families/ Stronger Families? | Yes / No | |  | |
| CAMHS? | Yes / No | |  | |
| Drug & Alcohol? | Yes / No | |  | |
| Children’s Social Care | Yes / No | |  | |
| Other? Please provide details | Yes / No | |  | |
| Please give details of support interventions you (your child/YP) have had and/or is currently having for your/their mental health |  | | | |
| Do you give consent for YMCA Worcestershire’s Counselling Service to contact the services you have identified for further information (from parent/carer if the child is 12 or under, or the YP if 13+)? | Yes / No | | | |
| Forwarding Consent. Does the YOUNG PERSON (if age 13+) give consent for the referral to be forwarded to other agencies that maybe in a position to support them? | Yes / No | | | |
| Does the parent/carer give consent for the referral to be forwarded to other agencies that maybe in a position to support this child/young person? | Yes / No | | | |
| Is there anything else you would like us to know? |  | | | |
| **Please sign and date this form to show you agree with this referral** | | | | |
| Young Person/Client | |  | | |
| Date | |  | | |
| Parent/Carer *(if under 18)* | |  | | |
| Date | |  | | |

**It will be helpful for us to speak to other agencies you have been involved**

**with to make sure you get the best help from the right service.**

**All information gathered is stored securely and confidentially in line with GDPR.**

**We will not discuss this with people outside the team without your consent, except in concerning circumstances – if you or another person’s safety is at risk.**