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

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| 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. If you are Under 18 you will need support from a trusted adult (parent/teacher/GP) etc |
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| **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 |  |

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| 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. |  |
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| 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.**