

COUNSELLING REFERRAL FORM

CONTACT DETAILS

| CLIENT DETAILS: | | | | |
|---|-------|---------------------------|------|-----------------------|
| Full Name: | | Preferred Name & Pronouns | | |
| Date of Birth: | | Referral Date: | | |
| Home Address: | | | | |
| Contact Phone number: | | The Pilgrim School Base: | | |
| Email Address: | | | | |
| Preferred Method of contact: | EMAIL | TELEPHONE | TEXT | OTHER (please state): |
| Please indicate if you would prefer to be contacted outside of normal working hours? YES/NO | | | | |

| PLEASE INDICATE YOUR PREFERENCE FOR MODE OF COUNSELLING: | | | |
|--|------------------------------|-----------|---------------------------|
| FACE-TO-FACE | VIRTUAL (ZOOM video Call) | TELEPHONE | ONLINE CHAT (via Zoom) |

| EMERGENCY/NEXT OF KIN CONTACT DETAILS: | | | |
|--|--|---------------------------|--|
| Name: | | Relationship: | |
| Contact Phone Number: | | Alternative Phone Number: | |

| GP Contact Details: | |
|---------------------|--|
| Address: | |
| Telephone Number: | |

FURTHER INFORMATION

Briefly state reason for seeking support, including length of time concerns have been present:

How do you hope support might help?:

Availability: Please give times when you would be available for an appointment, during school hours where possible (8.30am – 4.30pm)

Medication: Please provide details of any medication you are currently taking and when you began taking it.

History: Please give details of any diagnosis, learning difficulties, mental health difficulties or relevant significant information. Please use additional paper as required.

Support: Please provide details of any current support you have in place and any previous support you have had.

Are you currently engaged in or have you previously engaged with any talking therapy (e.g. Steps2Change, private counsellor/therapist)? If so, please give details.

TO BE COMPLETED BY COUNSELLOR ONLY

Therapeutic Support Offered:

Allocated Therapist:

Client ID:

A signature must be provided by the named client. By providing a signature, the client is agreeing to a referral for counselling, the information supplied in this document being stored securely and contact being made via the details supplied.

Signed: _____ (named client)

Dated: _____

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Therapeutic Support Offered:

Allocated Therapist:

Client ID: