|  |  |  |  |
| --- | --- | --- | --- |
| **Client Ref No:** |  |

|  |
| --- |
| Return to:Katie,communitycounsellig@gmail.com Encrypt the email and attachment (password protect) and ensure that only the addressee in the e-mail address has the password to access the encrypted email. |

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**Young Person Referral Form**

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| --- | --- |
| Client Name:Preferred name:Which pronouns would you wish, the counsellor working with you, to use? **(Please circle)**She, her, hers; He, him, hisThem, they, theirs | Referral Date:How do you wish to identify in the counselling relationship? **(Please circle)**Female; Male; TransgenderNon-binary; Prefer not to disclose at this stage |
| Client Address: | Please circle as appropriate: |
|  | Confirm if HCS can send by post YES / NO |
|  | Confirm if HCS can leave telephone message |
| Post Code: |  YES / NO |
| Date of Birth:Age: | Telephone number for counsellor to ring to continue the session in the event of an online technical fault: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address: | Emergency contact details: |
| Contact No: | 1 Name: |
| Resident with: Children / Partner | Relationship to you: |
| Carer / Alone / Others | Telephone No: |
| GP details: | 2 Name: |
|  | Relationship to you: |
|  | Telephone No: |

**Parent/Guardian details (If Client under 18)**

|  |  |
| --- | --- |
| Name:  | DoB: Age:  |
| Relationship:  |  |
| Address: Post Code:  | Email:Home phone No:Work Phone No: Preferred method of contact: |

**Alternative Contact**:

For administration purposes please provide details of other person you authorise to make changes to session days/times and who may be responsible for transport to and from the counselling session.

|  |  |
| --- | --- |
| Name: | Relationship: |
| Address:Post Code: | email:Home phone No:Work Phone No:Preferred method of contact: |

Please circle the most appropriate description/preference

|  |  |
| --- | --- |
| **Disability description** | **Session Medium preference** |
| Learning difficulty / Physical impairment | Face to face / Zoom / telephone |
| Sensory impairment / other | What’s App video |

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| --- |
| Can you explain any difficulties you have experienced in your childhood? |
| What issues bring you to counselling? |
| What do you hope to achieve after counselling? |

Availability for counselling