|  |  |  |  |
| --- | --- | --- | --- |
| **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. | |

**Young Person Referral Form**

|  |  |
| --- | --- |
| Client Name:  Preferred name:  Which pronouns would you wish, the counsellor working with you, to use? **(Please circle)**  She, her, hers; He, him, his  Them, they, theirs | Referral Date:  How do you wish to identify in the counselling relationship? **(Please circle)**  Female; Male; Transgender  Non-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 |

|  |
| --- |
| 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