

## Request for Counselling: Referral Form

<b>Date of referral (today's date):</b>			
<b>Please indicate referral method:</b>		Email	Postal
<b>Referrer's information</b>			
Name of referrer			
Relationship to young person (or professional role/organisation)			
Contact numbers (include best times to call/leave messages)			
Who is it most appropriate for the counsellor to call first? (circle)*		Referring professional	Parent/carer
Please include necessary contact number, if different from above			Young person

<b>Young person's information</b>			
Name of young person		Date of Birth	
		Male / Female (circle)	
Name of current school (or most recent school) OR college/employment /unemployed		School year (if appropriate)	
Full Postal Address of young person (including postcode)			
Emergency contact (name and number)			
GP Name/Practice (only contacted in consultation with young person/family)			
Main reasons for requesting counselling (continue on back, if required)		<input type="checkbox"/> anger <input type="checkbox"/> family issues <input type="checkbox"/> other Please specify: <input type="checkbox"/> behaviour <input type="checkbox"/> peer conflict <input type="checkbox"/> bereavement <input type="checkbox"/> self-esteem <input type="checkbox"/> bullying others <input type="checkbox"/> withdrawn /depressed <input type="checkbox"/> being bullied <input type="checkbox"/> anxiety	
Has the young person received any counselling before? (detail)			
Are there any other agencies currently working with the young person? (detail with contacts)			
Was the young person referred for counselling anywhere else first? (detail)			
How did you hear about our service?			
Details of who referred or signposted to The Box			

**NB One of our counsellors will make contact with the identified person\* within 10 days.**

<b>OFFICE USE ONLY</b>	
Counsellor to record calls made:	