**Referral Form**

**Dialogue Community Counselling – West Sussex**

**Please return this form to:**

[community.counselling@ymcadlg.org](mailto:community.counselling@ymcadlg.org) *or*

Community Counselling

The Y Centre, Albion Way,

Horsham, West Sussex, RH12 1AH

**Guidance notes**

Dialogue now offers online counselling in addition to face to face counselling. Our online counselling is being offered through YMCA DownsLink Group’s mental health and wellbeing platform **e-wellbeing**.

Online counselling may be particularly useful for young people who:

* Don’t want to see someone face to face
* Prefer to be at home where they feel comfortable
* Find travelling to sessions in the community difficult
* Prefer to write down their feelings

A conversation or assessment will take place with young people who are referred for online counselling so we can decide what support will be the most beneficial dependent on their needs.

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| **FOR OFFICE USE ONLY** | | | |
| **Client code**  Click here to enter text. | **Date Received**  Click here to enter a date. | **Date actioned**  Click here to enter a date. | **Assessment date offered**  Click here to enter a date. |

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| **Date form completed** | | |
| **Click here to enter a date.** | | |
| **Type of counselling** | | | | | |
| *Please select what type of counselling you are interested in* | | | | | |
| Face-to-Face  Online counselling | | | | | |
| **Personal Details** | | | | | |
| Name: | **Click here to enter text.** | | | Date Of Birth: | **Click here to enter a date.** |
| Address: | **Click here to enter text.** | | | Gender: | Male  Female  Trans  Prefer not to say  Other |
| If other, please state:  **Click here to enter text.** |
| **Contact Details** | | | | | |
| *Please complete* ***all*** *boxes and select preferred contact option* | | | | | |
| Mobile: | **Click here to enter text.** | | | Landline: | **Click here to enter text.** |
| Can we leave a Voicemail: | Yes  No | | | Can we leave a Voicemail: | Yes  No |
| Email **(please fill out if online is selected):** | **Click here to enter text.** | | | | |
| **Young person’s status** (click all that apply) | | | | | |
| In education/training (school/college) Anxiety-based school avoidance (ABSA) Home-schooled  Looked after/in care Care-leaver Parent/carer Employed NEET | | | | | |
| Please give details: | | **Click here to enter text.** | | | |
| **Parent/carer details** | | | | | |
| Parent Name: | **Click here to enter text.** | | | Contact Number: | **Click here to enter text.** |
| Relationship: | **Click here to enter text.** | | | Email: | **Click here to enter text.** |
| Can we contact parent/carer, where suitable? | | | | Yes  No | |
| **GP details** | | | | | |
| GP Name: | **Click here to enter text.** | | | Phone number: | **Click here to enter text.** |
| Address: | **Click here to enter text.** | | | | |

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| **Reason for referral** |
| *Description of issues/concerns/risks, attaching relevant letters/reports.* |
| **Click here to enter text.** |
| **Any other relevant information** |
| A&E admissions, diagnoses, prescribed medication, interventions by other services, etc. |
| **Click here to enter text.** |

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| **Details of person completing form:** | |
| Name: | **Click here to enter text.** |
| Relationship to YP: | **Click here to enter text.** |
| Organisation/address: | **Click here to enter text.** |
| Phone/email: | **Click here to enter text.** |
| Is the young person aware of this referral? | Yes  No |
| For other professionals, how did this young person get to your service originally? | Triaged to YES at CAMHS panel Direct referral to YES  Signposted to FIO Self-referral to FIO (Walk-in) Other |
| **Please give contact details of involvement with other services** (CAMHS, YES, FIO, Kooth, IST, Social Worker, etc.). If you have access to Framework-i / Holistix, please check for services involved.  *Name of key-worker or clinician/role/service/phone and intervention provided* | |
| **Click here to enter text.** | |