**Referral Form**

**Dialogue Community Counselling – West Sussex**

**Please return this form to:**

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.** |