A red and black circle design

Description automatically generated

**over a hundred years of connecting people**

**Counselling service referral form**

|  |  |
| --- | --- |
| Name: |  |
| Known as: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| Date of birth:  Age: |  |
| Ethnicity: |  |
| Religion: |  |
| Gender: |  |
| Who do you live with: |  |
| Number of children and ages: |  |
| Date of referral: |  |
| How did you find out about us: |  |

|  |
| --- |
| **Reasons for seeking help:** |
|  |

How intense is your emotional distress? (Where 0 is not at all and 10 is incapacitating.)

0 1 2 3 4 5 6 7 8 9 10

To what degree do your problems affect your ability to perform at work, at home, and in your relationships with others? (Where 0 is not at all and 10 is incapacitating.)

0 1 2 3 4 5 6 7 8 9 10

|  |
| --- |
| When did these problems begin, and what was happening in your life at that time? |
|  |

**Psychiatric and medical history**

|  |
| --- |
| Have you been diagnosed with any psychiatric or mental health problems? |
|  |
| Have you been diagnosed with any physical health problems? |
|  |
| Are you on any medication, and what is it for? |
|  |
| Please provide the name, and contact number of your GP: |
|  |
| Please provide the name and contact number of your psychiatrist: |
|  |

**Counselling Goals**

|  |
| --- |
| What motivated you to refer yourself today? |
|  |
| What are your goals for counselling? |
|  |
| Is there anything else you would like us to know? |
|  |

**Counselling model**

Counsellors in this service are currently going through professional training in delivering person-centred and psychodynamic approaches. They are required to undertake 70 hours of in-house induction prior to practice and all will have provided counselling in at least one other setting previously. They are overseen by qualified managers and assessors and Birthlink is fully engaged in supporting their professional development. A high priority is given to supervision across the service with the aim of maintaining high standards of practice. The supervision model far exceeds the amount, frequency and type of supervision expected of qualified counsellors and therefore is a safe and high quality model. Further information on the supervision structure and policy can be provided on request.

**Confidentiality**

Birthlink Counselling Service offers a confidential relationship between counsellor and client. Information from counselling sessions is not passed on to anyone except where:

* A counsellor has the consent of the client to disclose the information
* A counsellor would be liable to civil or criminal court procedure if the information was not disclosed.
* A counsellor believes the client and/or others are in serious danger.

The counsellor will normally encourage the client to share information to a relevant person or agency. If there is no indication that this has happened, or is likely to happen, or if the crisis or danger is significantly acute, the counsellor may pass on the information without prior knowledge of the client. In these circumstances the minimum amount of information is passed on, in discussion with the counselling supervisor or Birthlink Chief Executive Officer.

**Information processing consent**

In order to provide an effective service, we need to keep a record of personal information. All personal information is treated confidentially as sensitive data under the General Data Protection Regulations (GDPR) (2018).

The Birthlink Privacy Policy is available at: <https://birthlink.org.uk/privacy-policy/>

Consent to process and share information

I confirm that I have read the Birthlink Privacy Policy. I give consent for my personal information to be held by Birthlink and for this to be shared with other agencies and other relevant people to enable a service to be provided to me. I understand that this consent will remain in place until I remove it. I will contact Birthlink to update my details if these change.

Signed .…………………………………...

PRINT NAME ……………………………..

Date ………………………………………

Please email this form to [mail@birthlink.org.uk](mailto:mail@birthlink.org.uk) or post to Birthlink, 21 Castle Street, Edinburgh, EH2 3DN.

After submitting this form, you will be contacted by the Counselling Coordinator.

**For office use:**

|  |  |
| --- | --- |
| **Case number:** |  |