

**COUNSELLING REFERRAL FORM**

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| **PERSONAL DETAILS:** | |
| Mr Mrs Miss Ms Other - Miss | |
| **FULL NAME:** | |
| **DATE OF BIRTH:** | **GENDER:** |
| **ADDRESS:** | |
| **POSTCODE:** | |
| **EMAIL:** | |
| **TELEPHONE:** | |
| **GP NAME & GP SURGERY CONTACT DETAILS:** | |
| **DO YOU HAVE ANY CURRENT RISKS/SUICIDAL THOUGHTS/SELF HARM ISSUES** | |
| **WHAT ARE THE MAIN DIFFICULTIES/PRESENTING PROBLEMS YOU ARE EXPERIENCING AT THE MOMENT?**  **DETAILS:** | |
| **REFERRAL COMPLETED BY:**  **CONTACT DETAILS:** | |

**PLEASE RETURN THIS FORM TO:** [**firstcontact@torfaenmind.co.uk**](mailto:firstcontact@torfaenmind.co.uk)



**HOW OUR COUNSELLING SERVICE WORKS**

We can provide access to subsidised or low cost counselling in a safe environment that allows you the space where, in partnership with your counsellor, you can explore your feelings and situation.

Our service can work with up to 5 people at any one time, so there may be a short waiting list to access the service. But we will always respond to any request for assistance, to establish if we can directly help, or if we can secure help from another service.

We will initially offer you up to 6 sessions (although some people may need less), and then review your situation. We may not be able to offer more sessions, but will ALWAYS discuss next steps with you.

Once we receive a referral we will confirm if we are able to work with you and we will MAKE 4 attempts to contact each referral, usually at different times and days, as we understand people may have other commitments.

If you don’t attend a planned session with us and don’t let us know, we will usually give people the ‘benefit of the doubt’ on 2 occasions. After that if there is no contact with us, we will close the referral. This allows us to make best use of our resources and provide assistance to as any people as possible.

At all times we will see to active engage with you, not just in relation to your counselling, but also about any steps in the planning of further sessions.