

**GROUP COUNSELLING REFERRAL FORM**

**Contact details of person wishing to access this service:**

**Title:** ……………………………………  **Full Name:**………………………………………………………………………………………

**Date of Birth:** ………/….…. /…..… **Gender:** ……………………………….

**Address:** ……………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………….

**Post Code:** …………………….. **Tel No (landline):** ………………………………  **Mobile:** ………………………..…………

**Is it acceptable to you for us to leave a message:**

(a) with someone answering your phone Yes 🞎 No 🞎

(b) on your answer machine Yes 🞎 No 🞎

**Email address:**……………………………………….………

**GP details:**

Please read the GP information at the end of this referral form for more details on when we would contact your GP.

GP Name: ………………………………………………… Practice Tel No.: ………………………….……………………….…

Practice Address: ……………………………………………………………………………………………………………………………..…

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Are you currently in receipt of any other form of therapy/seeing any other healthcare professional? (e.g. psychologists) (please circle)

Yes • (give details below) No •

Have you had any formal diagnosis from a GP, psychiatrist or other mental health professional? (please circle)

Yes • (give details below) No •

Please give brief details of why you wish to access this service?

Are you currently taking any medication, which has been prescribed by a doctor? (please circle)

Yes • (please give details of medication prescribed) No •

Have you had any thoughts of suicide within the past month, which you have wanted to act upon?

Yes • (if yes, please give details) No•

**If this referral is from an agency on the client’s behalf, please fill out the agency details below:**

Referral Agency and full address:

Agency contact name: Telephone number:

Our group counselling support sessions are appropriate for, and will explore the following ‘life issues’ such as:

* Adjustment to life events and change
* Bereavement / loss
* Relationship and family dynamics
* Emotional Well-being
* Encouraging positive outlooks
* Coping with stress
* Depression and low moods
* Gaining confidence and becoming assertive

Your counsellor is required to inform your GP if they have concerns that you are:

* at risk of harming yourself
* at risk of harming another person
* at risk of being harmed by another person

By law, we are required to report any concerns we may have about the safety of a child or vulnerable adult to the appropriate agency, however we would always endeavour to inform you of this disclosure first.

**In accordance with the Data Protection Act and confidentiality procedures please sign to confirm and consent to the following:**

* I have read and understood all of the above and wish to access this counselling service.
* I understand that the Counsellor and Burnside Centre are bound by a strict code of ethics and confidentiality and that generally only in extreme situations where there is risk to myself or to other people would contact be made with my GP and/or external agencies.
* I give permission for Burnside Centre to keep the data I disclose and for confidential records to be kept about my attendance and contact information.

 **Name: Date:**

 **Signature:**

**Counselling sessions are typically offered on a weekly basis with no upper limit on how many sessions a person can access.**

Please hand deliver, post or email the completed form back to:

A Good Place to Start, Burnside Centre, Burnside Crescent, Langley, Middleton, Manchester, M24 5NN.

Email: agoodplace2start@outlook.com

For more information or support please contact us on 0161 643 5775. Please ask for Kerry.