 

**CONFIDENTIAL REFERRAL FORM FOR COUNSELLING AT POINT**

(FISHGUARD AND GOODWICK YOUNG PERSON’S TRUST)

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| --- | --- | --- | --- |
| **NAME:** |  | **D.O.B:** |  |
| **ADDRESS:** |  | **CONTACT TELEPHONE NUMBER:** |  |
| **FIRST REFERRAL DATE:** |  | **RE-REFERRAL DATE:** |  |
| **NAME OF REFERRER:** |  |

REFERRAL METHOD

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SELF:** |  | **PARENTS:** |  | **STAFF:** |  | **VOLUNTEER:** |  |
| **OTHER (SPECIFY):** |

REASON FOR REFERRAL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FAMILY ISSUES:** |  | **DEPRESSION:** |  | **ANGER:** |  | **BULLYING:** |  |
| **BEHAVIOUR PROBLEMS:** |  | **SELF-WORTH/ESTEEM:** |  | **SELF-IMAGE:** |  | **SELF HARM** |  |
| **EATING DISORDERS:** |  | **BEREAVEMENT:** |  | **STRESS:** |  | **ACADEMIC:** |  |
| **OTHER (SPECIFY):** |

NOTES

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RISK FACTORS – DOES THE YOUNG PERSON PRESENT ANY RISK TO THEMSELVES OR ANOTHER PERSON THAT WE SHOULD BE AWARE OF PRIOR TO COUNSELLING?

PLEASE GIVE DETAILS BELOW:

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