



## Counselling Referral Form

Date : .....

Name & number: .....

Client's email address: .....

### Client preferred availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

### What brought you to counselling:

-  
-  
-

### What you are your goals

-  
-  
-

- Are you currently receiving counselling support from another organisation or professional?

Yes  No

- Are you currently on medication? For how long/~~d~~ Dosage?

.....



**Current situation**

	<i>PLEASE GIVE AS MUCH DETAIL AS POSSIBLE <b>FOR ALL RISK FACTORS</b></i>
Do you consider yourself to have an alcohol/ substance misuse concern?	
Are you currently having any suicidal thoughts / plans or actions	
Are you currently self-harming? If so how?	
Have you ever attempted <del>suicide or</del> <b>in the past?</b>	
Have you ever self-harmed <del>in the</del> <b>past?</b>	

**Emergency Contact details** – *your emergency contact details would only be used if we are unable to contact you after 48 hours of a missed session. This is in order to complete a welfare check. This will be discussed ~~further~~ in our first session*

Name	
Phone number	
Relation to you	
Are they aware you are receiving support	



Please complete this self-assessment as honestly as possible ~~in order for me to support you through your journey.~~

Name:

Date:

**PHQ-9**

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<b>TOTAL</b>				

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, 16(9), 606-613.

Please email this to [oceantraumacounselling@gmail.com](mailto:oceantraumacounselling@gmail.com)  
Last update on 23/07/2023



## GAD-7

	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<b>TOTAL</b>				

Williams, N. (2014). The GAD-7 questionnaire. *Occupational medicine*, 64(3), 224-224.



## Brief Counselling Agreement

It is important that both you and I understand and agree to the basis of our working relationship. Below is an outline of the framework ~~within~~ how I will be working with you.

1. Your Counsellor (Laura) agrees to hold sessions that could be held weekly, or less frequently, and will be negotiated between you (the client) and myself. If you fail to attend your session without the appropriate notice (24 hours) you will still be charged.
2. Sessions will last up to 50 minutes. There will be a 10 minute break in between sessions for the counsellor to ~~fill~~complete notes and prepare the room for the next client. Therefore, please note that it will not be possible to extend the sessions if you arrive late.
3. At times the counsellor may need to cancel your appointment due to emergencies. Your counsellor will contact you as soon as possible (~~p~~Please, keep your counsellor updated with your current telephone number).
- ~~4.~~ If you have to cancel your appointment please email as soon as possible [oceantraumacounselling@gmail.com](mailto:oceantraumacounselling@gmail.com) ~~as soon as possible~~.
- ~~4.~~ Your personal information will be recorded on a referral form. This information will be held separately to your case notes and might be used anonymously for statistical purposes.
6. During the sessions your counsellor ~~may~~might take notes. These are securely stored in accordance with BACP guidelines and the Data Protection Act.
7. Clients are not allowed to attend sessions under the influence of any substance. Please be aware that the counselling session will be immediately terminated.
8. If your counsellor notices you outside of ~~the organisation~~counselling, she will not approach or acknowledge you unless you acknowledge her first. This is to protect your confidentiality and to avoid putting you in an uncomfortable situation.
9. You will be asked to complete a PHQ-9 and GAD-7 form at each session, this is to help with our data.
10. Finally, if you have any queries or concerns, please email [oceantraumacounselling@gmail.com](mailto:oceantraumacounselling@gmail.com)

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**STATEMENT:**

**I HAVE READ AND UNDERSTOOD THE DETAILS OF THE BRIEF COUNSELLING AGREEMENT AND CONFIRM THAT I AGREE WITH THE BASIS OF THIS WORKING AGREEMENT.**

**Client Name:** .....

**Client Signature:** ..... **Date:** .....

**Counsellor's Name:** .....

**Counsellor's Signature:** ..... **Date:** .....