

Office use only	Date received:	Client code:
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Counselling Referral Form

Confidentiality Statement:

The fact that you have made this referral is confidential; only the counselling team have access to the referrals. If you decide to engage in counselling confidentiality is kept within the counselling department. Your counsellor will discuss confidentiality and its limitations with you during your initial meeting.

Name	
Student number	
GST	
Date of Birth	
Sex (Male/Female)	
Ethnicity	
Religion	
Disabilities/Special Needs	
Doctors Surgery & Contact Details	
Mobile number	
Preferred contact (Text/College Email)	

Please indicate what areas you might want to discuss with your therapist:

College	
Personal	
Home	
Covid-19	
Relationships/Friendships	
Confidence/Self-Esteem	
Substance misuse	
Abuse	
Self-harm	
Bullying	
Diet & Exercise	
Sleep problems	
Identity & sexuality	
Anger	
Suicidal/unwanted/intrusive thoughts	
Anxiety	
Sexual health	
Depression/Low mood	
Bereavement/loss	
Traumatic event/experience	
Historical events/experience	
Other	

If you would like to add some brief details, please do so here:

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Counsellor Preference	Male	Female	No preference
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**Please note we will endeavor to take your preferences into account however there may be times when this is not possible due to counsellor availability.*

S6F counselling service offers placements to students studying on advanced counselling courses, all of whom are members of BACP or UKCP and adhere to their ethical framework. Would you be happy to be seen by a counsellor in training?	Yes/No
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Please familiarize yourself with the [Counselling Agreement](#) as you will be asked to sign a copy of this during your initial meeting if you decide to continue with counselling.

Thank you for your referral.

We aim to contact you within two weeks to offer you an appointment. If you haven't heard from us within that time, please email counselling@s6f.org.uk