



Mind in Camden  
 Counselling Service  
 Barnes House  
 9-15 Camden Road  
 NW1 9LQ  
 Tel: 0207 241 8984. Fax 0207 241 8987  
**COUNSELLING REFERRAL FORM (*SELF*)**

Date of referral..... Date of response (office only).....

Is this referral for individual or group counselling?.....

Name		Surname	
Date of Birth		Sex (male/female)	

Address:	
Borough:	Full Post Code:
Tel Home:	
Tel Mobile:	
Tel Work:	

GP's Name and Address of Practice:          <div style="text-align: right;">Tel no:</div>
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What issue/issues would you like to discuss with a counsellor?

How do you think counselling might help you?

If possible, please could you give some brief background information about your issue/issue? (e.g. when it started, how it affects you)

Please describe any risk issues you think we should be aware of. (e.g. suicidal tendencies/self harm/harm to others)

Do you currently have other mental health professional input or have you had input in the past? If so, what and who?  
(e.g. counselling/therapy, psychology, psychiatry, hospitalisation)

Are you currently receiving support under the Care Programme Approach?

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Further comments may be attached to this form. You are welcome to contact us to make enquiries.

Please forward this referral by post or fax to the above address. After receiving it we will send the client an Availability form. When the client returns this form we will set an appointment. Appointments normally are available Monday-Wednesday 10.30am-4.00pm.

Thank you for your referral.

ARRANGING APPOINTMENTS

Normally we will telephone you to offer you an appointment and follow this up with a letter. However, if receiving a telephone call or letter is difficult for you please let us know how you would like to be contacted (please tick):

By letter only	v	By telephone only	v	By letter or telephone	v
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Home Telephone no.....

Other Telephone no.....(mobiles are very helpful)

If you have an answer phone may we leave a message?      **YES / NO**

If you are out may we leave a message if someone else answers phone?      **YES / NO**

**Your name (please print)**.....

**Date**.....

**Any comments**.....  
.....  
.....  
.....

**Thank you. We will contact you to let you know that we have received this form back from you and arrange the time for initial appointment. If you do not hear from us within 3 weeks please do contact us again.**