

BWell Professionals' Referral Form

Large font or screen reader friendly versions of forms are available on request.

Please call us on **020 7267 1321**

Thank you for contacting us about our counselling service. For information on the support we offer, please see our website (<http://brandon-centre.org.uk/counselling/>).

Please complete this form, giving as much information as you can, and email the form to counselling@brandoncentre.org.uk

If anything in the form needs explaining or you need help completing the form, please call Brandon Centre on **020 7267 1321** and a member of staff can go through the form with you. Alternatively, text us on **07520 633477** to request a call-back.

Once we have received your form, we will let you know whether you have been accepted onto our waiting list. It is possible that someone at Brandon Centre may call you asking for more information about your referral. This is so that we have the necessary information to make sure that you are provided with the right kind of support.

Please ensure you update us if your contact details change as we will send emails, texts and (in some cases) letters confirming your assessment time and date.

We are only able to offer appointments to people aged 12 - 24 who have a Camden or Islington GP or home address.

Please tick the appropriate box below.

Camden

Islington

Need help immediately?

Please note that we are not an emergency service. If the young person needs urgent support please contact their GP, or go to the nearest hospital A&E. If the young person is under 18, she/he can call **the CAMHS Under 18s mental health crisis line on 0800 151 0023**; or if the young person is over 18 she/he can call the 24 hour **Crisis Line on 0800 917 3333**.

Young Person's Details

Referral Date: DD/MM/YYYY

First Name		Surname	
Date of Birth	DD/MM/YYYY	Age*	
Gender		Ethnicity	Choose categories from final page
Telephone number			
Email address			
Borough	Camden <input type="checkbox"/>	Islington <input type="checkbox"/>	
Home Address			
Postcode			
Consent to send letters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Preferred contact method	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Post <input type="checkbox"/>
School/College/University	Yes <input type="checkbox"/>	Free school meals?	
If yes, where?			
How did you hear about Brandon Centre?			
GP name & practice:	_____		
Address:	_____		
Telephone:	_____		
Has the young person given consent to contact GP?	Yes <input type="checkbox"/>	Name of service:	No <input type="checkbox"/>
Has the young person had support from other services (e.g. CAMHS, iCope)	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Has the young person given consent to contact other services?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Has the young person or family had support from Social Services?	Yes <input type="checkbox"/>	Name of service:	No <input type="checkbox"/>
Has the young person given consent to contact Social Services?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

Referral Type		Referred <input type="checkbox"/>	Self-referred <input type="checkbox"/>
REFERRED BY	Name	Telephone	
	Organisation	Address	
	Email		
Is the young person aware of this referral?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Clinical Information

Coaching is a non-judgmental place for young adults to make change in their life that would improve their wellbeing. Please can you explain the reason for making this referral?

Risk assessment and safeguarding concerns.

Clinical Information

Please provide details of any risk management plans that would be in place if this young person were to be placed on our waiting list. Please could you explain what support this young person received from your service (not necessary for GPs to complete)?

Please could you explain what support this young person received from your service (not necessary for GPs to complete)?

Your ethnic group (Please choose one of the sections below and tick your group)

<input type="checkbox"/> Any other ethnic group Please state _____ <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unknown	White <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background	Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background
Asian/Asian British	Black/Black British	Chinese or other
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black British <input type="checkbox"/> Any other black background	<input type="checkbox"/> Chinese <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Any other _____