

Professional 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 **brandoncentre.counselling@nhs.net**

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 or not the young person has 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 the young person is provided with the right kind of support.

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

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

Please tick the appropriate box below.

Camden ☐

Islington ☐

*In **Camden**, we offer counselling to young people from age 16 up to their 25th birthday.
(We work with 12-15 year olds in Camden on a case-by-case basis. Please get in touch to find out more)

*In **Islington**, we offer counselling to young people from age 16 up to their 22nd birthday.

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 **Childline** any time 24/7 on **0800 1111**; or if the young person is over 18 she/he can call the 24 hour **Crisis Line** on **020 3317 6333**.

Young Person's Details

Referral Date: DD / MM / YYYY

First Name		Surname	
Date of Birth	DD / MM / YYYY	Age*	
Gender		Ethnicity	
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			
School/College/University		Free school meals?	
GP name & practice:			
Address:			
Telephone:			
Has the young person given consent to contact GP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the young person had support from other services (e.g. CAMHS, iCope)	Yes <input type="checkbox"/>	Name of service:	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

Reason for therapy.

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.

At point of referral, we may consider other services that might be more suited to this young person's needs or may have a shorter waiting time. If referring from another counselling service please give details of what your service has offered this young person including why she/he cannot be seen at your service and why you think she/he should be seen at Brandon Centre.