

# Self-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](mailto: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 16 - 24 who have a Camden or Islington home address.**

*Please tick the appropriate box below.*

Camden

Islington

**\*Our waiting list is currently very long. If you are 24 currently, please ask us about the length of our waiting list as we can only offer therapy to people up until their 25th birthday.**

**\*If you move away from Camden/Islington (even if you have been accepted initially), we unfortunately won't be able to offer you therapy with our service. If you plan on moving away in the next 9 months, email [counselling@brandoncentre.org.uk](mailto:counselling@brandoncentre.org.uk) and we can signpost you to other services local to your new area.**

## Need help immediately?

Please note that we are not an emergency service. If you or someone you know needs urgent support please contact your GP or go to the nearest hospital A&E.

Anyone in crisis, including children, or concerned family members can now call 111, choose the mental health option (option 2), and talk to a trained mental health professional.

The line is open 24 hours a day, 7 days a week, 365 days a year.

## Young Person's Details

Referral Date: DD / MM / YYYY		NHS Number:	
First Name		Surname	
Date of Birth	DD / MM / YYYY	Age*	
Current gender		Gender at birth	
Telephone number		Ethnicity & Sexuality	<i>Categories on final page</i>
Email address			
Borough	Camden <input type="checkbox"/>	Islington <input type="checkbox"/>	
Home Address			
Postcode			
Are you happy for us to send letters to your home address?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
What is the best way to contact you?	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Post <input type="checkbox"/>
Are you currently in education, employment or training?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If yes, where?			
How did you hear about Brandon Centre?			

## Other Services

What is the name of your GP practice?			
Do you see a regular GP, if so what is their name?			
Are you happy for us to contact your GP to let them know about your referral?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Have you received counselling or mental health support from other services: (eg. CAMHS; iCope; the crisis team etc)	Yes <input type="checkbox"/>	Name of service:	No <input type="checkbox"/>
If yes, please give us some information about the help you received			
If yes, do you give us consent to contact any of these services?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Have you or your family ever had support from Social Services?	Yes <input type="checkbox"/>	Name of service:	No <input type="checkbox"/>
If yes, do you give us consent to speak to Social Services?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Are you a Looked After Child or Care Leaver?	Looked After Child <input type="checkbox"/>	Care Leaver	<input type="checkbox"/>

## Information

*Please type your response in the spaces below:*

**Please could you state why you would like counselling now.**

**How long have you had these problems?**

**How do these problems impact your life day to day (e.g. sleep, eating, work?)**

**Can you tell us about your living situation? (Where are you living? Who is at home? Is your living situation a problem at the moment?)**

**If you have been in counselling before, how did you find this experience?**

## Information

Many people who are feeling distressed, down or stressed have thoughts or urges to hurt themselves.

Are you currently experiencing thoughts of ending your life? Yes  No

If yes, do you feel you can keep yourself safe? Yes  No

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If you've experienced thoughts of suicide in the past, or attempted to take your own life, please provide details below, including services you've accessed:

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Have you ever experienced thoughts of self-harm? Yes, currently  Yes, in the past  No, never

Have you ever acted on thoughts of self-harm? Yes, currently  Yes, in the past  No, never

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If you have deliberately harmed yourself in the past, please provide details below, including services you've accessed:

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Is there a concern about drug or alcohol use? Yes  No

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If yes, please tell us a bit more about this concern:

Is there anything else you think is important for us to know about in relation to your care? (E.g. disabilities or problems in travelling to certain areas)

<b>Your ethnic group</b> <i>(Please choose one of the following)</i>		
<input type="checkbox"/> Any other ethnic group Please state _____  <input type="checkbox"/> Prefer not to say.  <input type="checkbox"/> Unknown	<b>White</b>  <input type="checkbox"/> White British  <input type="checkbox"/> White Irish  <input type="checkbox"/> Any other white background	<b>Mixed</b>  <input type="checkbox"/> White & Black Caribbean  <input type="checkbox"/> White & Black African  <input type="checkbox"/> White & Asian  <input type="checkbox"/> Any other mixed background
<b>Asian/Asian British</b>  <input type="checkbox"/> Indian  <input type="checkbox"/> Pakistani  <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> Any other Asian background	<b>Black/Black British</b>  <input type="checkbox"/> Black Caribbean  <input type="checkbox"/> Black African  <input type="checkbox"/> Black British  <input type="checkbox"/> Any other black background	<b>Chinese or other</b>  <input type="checkbox"/> Chinese  <input type="checkbox"/> Middle Eastern  <input type="checkbox"/> Any other _____

<b>Your Sexuality</b> <i>(Please choose one of the following)</i>		
Heterosexual/ Straight <input type="checkbox"/>  Other: _____	Gay/ Lesbian <input type="checkbox"/>  Prefer not to say <input type="checkbox"/>	Bisexual <input type="checkbox"/>