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Counselling Referral Form

***PLEASE COMPLETE BOTH FORMS FULLY AND WAIT FOR US TO CONTACT YOU REGARDING AN ASSESSMENT APPOINTMENT WHICH CAN TAKE UP TO SIX WEEKS, DEPENDING ON THE CURRENT WAITING LIST – THANK YOU.***

**Privacy policy**

I hereby confirm my understanding of and acceptance of the following information;

Mind in Haringey will utilise the personal data I have provided in this form for the purposes detailed in our privacy policy which can be found at <http://www.mindinharingey.org.uk/reportspolicies.asp>

We only use personal information in the ways we need to and that is expected of us.

We will keep you up to date with our work including any relevant services, changes to your confirmed appointments, raising awareness, promoting understanding as well as our fundraising activities.

Do you agree to us using your data in this way? (mark with an **x**) Yes No

If you’re happy for us to keep in touch, please let us know how you would like to hear from us

Yes No

Post

Phone

Email

Text

Signature…………………………………………………………………………………………………………………………………………

If you wish to remove your agreement to our use of your data at any point please let us know by either in;

**Writing:** Mind in Haringey, Station House, 73c Stapleton Hall Road, London, N4 3QF

**Email:**[admin@mih.org.uk](mailto:admin@mih.org.uk)

**Tel:** 020 8340 2474

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***If you are referring yourself, you do not need to complete this first part*** | |  |
| **Referring Agency:**    **Contact Name:** | | **Referral To:**  **Counselling Admin**  **Mind in Haringey**  Counselling Services.  Station House  73C Stapleton Hall Road  London  N4 3QF or  Email: [counselling@mih.org.uk](mailto:counselling@mih.org.uk) | |
| **Address :**  **Contact Phone Number:**  **Email:** | |

**……….....………….Counselling Referral Form………....…………..**

**SELF REFERRAL DETAILS**

|  |  |
| --- | --- |
| **Name:**  **Address:** | **DoB:** |
| **Spoken Language:** |
| **Contact phone number**  **Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email:** |
| **How would you prefer to be contacted?**  **Phone Email Post**  **\*Please be aware that Mind In Haringey has a private Number and may come up as Blocked.** | **Your current employment status:**  **Unemployed Employed (FT)**  **Employed (PT) Student**  **Fees for day service are £15-£35 per session; proof of income must be provided at the assessment appointment** |
| **Which service do you wish to access?**  **\*Day service session fees are £15-£35 depending on income**  **\*Evening and Saturday service sessions cost £50 per session** | **Day YES / NO**  **Evening YES / NO**  **Saturday YES / NO** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Client Details continued:** | |  |
| **Are you currently taking any medication to help with a psychological problem?**  **If yes, please detail medication you are taking-** | | **Yes No** | |
| **Have you had counselling in the past?**  **If yes;-**  **When?**  **Where?**  **For how long?** | | **Yes No** | |
| **Reason for accessing Mind in Haringey Counselling Service**: | | | |
| **Have you accessed any other services at Mind in Haringey?** **Yes If so which one? No** | | | |

|  |  |  |
| --- | --- | --- |
|  | **Name and address of CPN/Social worker/ GP:** |  |
| **G.P details:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Next of kin details:** | |  |
| **Name:** | | **Address:** | |
| **Contact Number:** | |

**Confidentiality & data Protection:**

All information held on this form will be kept confidentially in a locked cabinet and will only be shared within the guidelines of Mind in Haringey Confidentiality as laid down in the 1998 Data Protection Act.

**Signature of client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**About you**

We ask all of our service users to complete this form. You will only have to do this once, no matter how many of our services you would like to access. All information given will be kept confidentially and anonymously and will only be used to produce statistics about our services. You may tick ‘Prefer not to say’ if you do not wish to provide certain information.

|  |  |  |
| --- | --- | --- |
| **About you** | | |
| **Date today:** |  | |
| **Name:** |  | |
| **Age and date of birth:** | Age: DoB: Prefer not to say | |
| **Do you live in Haringey?** | Yes No | |
| **Which MIH services would you like to use?** | Activities  Advocacy  Counselling  Wellbeing  Volunteering  Training  Other (please give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **How did you find out about Mind in Haringey?** | Word of mouth (friends, family)  Just came in/live locally  I was referred here  Internet search  Other (please give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Have you ever been diagnosed with or sought treatment for any of the following mental health conditions:**  *Tick all that apply* | Depression  Anxiety  Bi-polar disorder  Post Traumatic Stress  Schizophrenia  Psychosis  Other (please give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | |
| **Do you consider yourself to have a disability?**  *Tick all that apply* | A specific learning difficulty    such as dyslexia, dyspraxia  or AD(H)D  General learning disability    (such as Down’s syndrome)  A social/communication    impairment such as  Asperger’s syndrome/other  autistic spectrum disorder  A long standing illness or    health condition such as  cancer, HIV, diabetes, chronic  heart disease, or epilepsy  A physical impairment or    mobility issues, such as  difficulty using arms or using  a wheelchair or crutches | Deaf or serious hearing    impairment  Blind or a serious visual    impairment uncorrected by  glasses  A disability, impairment or medical condition that is not    listed above  Other - please state:    \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  No known disability    Prefer not to say |
| **Do you have any access needs that we should know about?**  *E.G. will you need an interpreter, will we need to provide a ground floor room etc.* |  | |
| **Gender (select all that apply)** | Male Female Intersex Non-binary Transgender  Other (please give details)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say | |
| **What is your marital status?** | Single  Married  Same sex civil partnership  Cohabiting  Divorced  Separated | |
| **Do you have any dependent children? If yes, please state how many.** |  | |
| **Are you a refugee or asylum seeker?** | Yes No Prefer not to say | |
| **Are you a carer?** | Yes No Prefer not to say | |
| **Sexuality** | Gay Man  Lesbian / Gay woman  Heterosexual / Straight  Bisexual  Asexual  Other (please give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | |
| **Religion or belief** | No religion  Christian  Buddhist  Hindu  Jewish  Muslim  Sikh  Other (please give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | |
| **Ethnic origin** | |  |  | | --- | --- | | **White**  English / Welsh / Scottish /  Northern Irish / British  Irish  Gypsy or Irish Traveller  Any other White background  (please state)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mixed / multiple ethnic groups**  White & Black Caribbean  White & Black African  White & Asian  Any other mixed / multiple  backgrounds (please state)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Prefer not to say**  Prefer not to say | **Asian / Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background  (please state)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Black / African / Caribbean / Black British**  African  Caribbean  Any other Black / African / Caribbean background (please state)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Other Ethnic Group**  Arab  Any other ethnic group (please state)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Thank you** | | |
| Thank you for taking the time to fill in this form. Our funders like to know how many people use our services. They also like to know basic numbers on age, gender and ethnic origin. We only pass on these numbers to our funders and not names or personal data. These forms will be collected and stored in our offices in Haringey. Our filing cabinets are kept locked and our computers are password protected. | | |