



# 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	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>

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

## Counselling Referral Form

*If you are referring yourself, you do not need to complete this first part*

<b>Referring Agency:</b>  <b>Contact Name:</b>	<b>Referral To:</b> <b>Counselling Admin</b> <b>Mind in Haringey</b> Counselling Services. Station House 73C Stapleton Hall Road London N4 3QF or Email: <a href="mailto:counselling@mih.org.uk">counselling@mih.org.uk</a>
<b>Address :</b>   <b>Contact Phone Number:</b>  <b>Email:</b>	

### SELF REFERRAL DETAILS

<b>Name:</b>   <b>Address:</b>	<b>DoB:</b>  <b>Spoken Language:</b>  <b>Contact phone number</b> Home: _____ Mobile: _____
<b>Email:</b>	
<u>How would you prefer to be contacted?</u>  <div style="display: flex; justify-content: space-around; text-align: center;"> <span>Phone</span> <span>Email</span> <span>Post</span> </div>	<u>Your current employment status:</u>  <div style="display: flex; justify-content: space-around; text-align: center;"> <span>Unemployed</span> <span>Employed (FT)</span> </div> <div style="display: flex; justify-content: space-around; text-align: center;"> <span>Employed (PT)</span> <span>Student</span> </div>
<small>*Please be aware that Mind In Haringey has a private Number and may come up as Blocked.</small>	<small>Fees for day service are £15-£35 per session; proof of income must be provided at the assessment appointment</small>
<b>Which service do you wish to access?</b> <small>*Day service session fees are £15-£35 depending on income</small> <small>*Evening and Saturday service sessions cost £50 per session</small>	Day            YES / NO Evening        YES / NO Saturday        YES / NO

### Client Details continued:

<b>Are you currently taking any medication to help with a psychological problem?</b> If yes, please detail medication you are taking-	Yes <span style="margin-left: 100px;">No</span>
<b>Have you had counselling in the past?</b> If yes;- When? Where? For how long?	Yes <span style="margin-left: 100px;">No</span>
<b>Reason for accessing Mind in Haringey Counselling Service:</b>    	
<b>Have you accessed any other services at Mind in Haringey?</b> Yes <span style="margin-left: 20px;">If so which one?</span> <span style="float: right;">No</span>	

### Name and address of CPN/Social worker/ GP:

<b>G.P details:</b>    
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### Next of kin details:

<b>Name:</b>	<b>Address:</b>
<b>Contact Number:</b>	

#### 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: \_\_\_\_\_



## 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	
<b>Date today:</b>	
<b>Name:</b>	
<b>Age and date of birth:</b>	Age: _____ DoB: _____ <input type="checkbox"/> Prefer not to say
<b>Do you live in Haringey?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Which MIH services would you like to use?</b>	<input type="checkbox"/> Activities <input type="checkbox"/> Advocacy <input type="checkbox"/> Counselling <input type="checkbox"/> Wellbeing <input type="checkbox"/> Volunteering <input type="checkbox"/> Training <input type="checkbox"/> Other (please give details) _____
<b>How did you find out about Mind in Haringey?</b>	<input type="checkbox"/> Word of mouth (friends, family) <input type="checkbox"/> Just came in/live locally <input type="checkbox"/> I was referred here <input type="checkbox"/> Internet search <input type="checkbox"/> Other (please give details) _____
<b>Have you ever been diagnosed with or sought treatment for any of the following mental health conditions:</b>  <i>Tick all that apply</i>	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Bi-polar disorder <input type="checkbox"/> Post Traumatic Stress <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Psychosis <input type="checkbox"/> Other (please give details) _____ <input type="checkbox"/> Prefer not to say

<p><b>Do you consider yourself to have a disability?</b></p> <p><i>Tick all that apply</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D</td> <td><input type="checkbox"/> Deaf or serious hearing impairment</td> </tr> <tr> <td><input type="checkbox"/> General learning disability (such as Down’s syndrome)</td> <td><input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses</td> </tr> <tr> <td><input type="checkbox"/> A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder</td> <td><input type="checkbox"/> A disability, impairment or medical condition that is not listed above</td> </tr> <tr> <td><input type="checkbox"/> A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy</td> <td><input type="checkbox"/> Other - please state: ----- ----- -----</td> </tr> <tr> <td><input type="checkbox"/> A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches</td> <td><input type="checkbox"/> No known disability</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Prefer not to say</td> </tr> </table>	<input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	<input type="checkbox"/> Deaf or serious hearing impairment	<input type="checkbox"/> General learning disability (such as Down’s syndrome)	<input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses	<input type="checkbox"/> A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder	<input type="checkbox"/> A disability, impairment or medical condition that is not listed above	<input type="checkbox"/> A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	<input type="checkbox"/> Other - please state: ----- ----- -----	<input type="checkbox"/> A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	<input type="checkbox"/> No known disability		<input type="checkbox"/> Prefer not to say
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<p><b>Do you have any access needs that we should know about?</b></p> <p><i>E.G. will you need an interpreter, will we need to provide a ground floor room etc.</i></p>													
<p><b>Gender (select all that apply)</b></p>	<p><input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Intersex    <input type="checkbox"/> Non-binary    <input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Other (please give details)_____ <input type="checkbox"/> Prefer not to say</p>												
<p><b>What is your marital status?</b></p>	<p>Single Married Same sex civil partnership Cohabiting Divorced Separated</p>												
<p><b>Do you have any dependent children? If yes, please state how many.</b></p>													

<b>Are you a refugee or asylum seeker?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say						
<b>Are you a carer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say						
<b>Sexuality</b>	<input type="checkbox"/> Gay Man <input type="checkbox"/> Lesbian / Gay woman <input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Other (please give details) _____ <input type="checkbox"/> Prefer not to say						
<b>Religion or belief</b>	<input type="checkbox"/> No religion <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other (please give details) _____ <input type="checkbox"/> Prefer not to say						
<b>Ethnic origin</b>	<table border="0"> <tr> <td data-bbox="375 961 860 1260"> <b>White</b>  <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British  <input type="checkbox"/> Irish  <input type="checkbox"/> Gypsy or Irish Traveller  <input type="checkbox"/> Any other White background (please state) _____           </td> <td data-bbox="860 961 1469 1260"> <b>Asian / Asian British</b>  <input type="checkbox"/> Indian  <input type="checkbox"/> Pakistani  <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> Chinese  <input type="checkbox"/> Any other Asian background (please state) _____           </td> </tr> <tr> <td data-bbox="375 1260 860 1554"> <b>Mixed / multiple ethnic groups</b>  <input type="checkbox"/> White &amp; Black Caribbean  <input type="checkbox"/> White &amp; Black African  <input type="checkbox"/> White &amp; Asian  <input type="checkbox"/> Any other mixed / multiple backgrounds (please state) _____           </td> <td data-bbox="860 1260 1469 1554"> <b>Black / African / Caribbean / Black British</b>  <input type="checkbox"/> African  <input type="checkbox"/> Caribbean  <input type="checkbox"/> Any other Black / African / Caribbean background (please state) _____           </td> </tr> <tr> <td data-bbox="375 1554 860 1711"> <b>Prefer not to say</b>  <input type="checkbox"/> Prefer not to say           </td> <td data-bbox="860 1554 1469 1711"> <b>Other Ethnic Group</b>  <input type="checkbox"/> Arab  <input type="checkbox"/> Any other ethnic group (please state) _____           </td> </tr> </table>	<b>White</b> <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background (please state) _____	<b>Asian / Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (please state) _____	<b>Mixed / multiple ethnic groups</b> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed / multiple backgrounds (please state) _____	<b>Black / African / Caribbean / Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background (please state) _____	<b>Prefer not to say</b> <input type="checkbox"/> Prefer not to say	<b>Other Ethnic Group</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group (please state) _____
<b>White</b> <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background (please state) _____	<b>Asian / Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (please state) _____						
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<b>Prefer not to say</b> <input type="checkbox"/> Prefer not to say	<b>Other Ethnic Group</b> <input type="checkbox"/> Arab <input type="checkbox"/> 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.