



Student Counselling and Wellbeing Referral Form



Student Name:	Student ID:
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Date of Birth:	Campus:
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Course:

Email:	Mobile:
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Home tel.:	Can the counsellor contact you at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Tutor <input type="checkbox"/> Learner Services <input type="checkbox"/> Other Date of referral:	Student Signature:
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Emergency contact details:

Name:	Contact No.:
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Relationship:	Address:
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GP contact details:

Surgery Name and Address:

Name of GP (if available):	Tel No.:
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Current Medication:

Other agencies/organisations involved in your care/support?
 CAMHS ISCAN MIND or other:

Please could you assess your current situation?

My issues affect me:
 some of the time most of the time all of the time?

How do your issues affect your studies?
 not at all sometimes most of the time I am unable to study because of them

Would you prefer counselling in Welsh? Yes No

Please state your preferred method of communication to receive counselling sessions.
 Face-to-face Telephone Email

For counsellor's use only:

Appointment Date:..... Time..... Counsellor.....

Initial contact made by counsellor: Date..... Method..... Response: Yes No

1st appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

2nd appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

3rd appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

4th appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

5th appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

6th appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

Notes:

End of counselling, Date: