Counselling Referral Form

This is not a crisis counselling service. If you need immediate or urgent support you can contact your GP, attend your local A&E or call the following helplines which are open 24 hours a day, 7 days a week, 365 days a year. The Samaritans is a UK-wide helpline for anybody struggling with their mental health. You can call them on 116123. If you prefer to communicate via message, you can text SHOUT on 85258. You can also contact Lifeline Freephone number on 0808 808 8000.

Please note that our counselling service is delivered via telephone or virtually (Skype, Zoom etc.). Referrals should be currently made on this basis.

Are you filling out this referral form on behalf of someone? Yes/No **If yes, has the referral been discussed with the person and are they in agreement? Yes/No** **Do we have their permission to contact them directly? Yes/No**

<u>Service User</u> **Name:** **Male/Female/Other:** **DOB:** **Address:** **Telephone:** **Consent to leave a voicemail message Yes/No** **Email:**	**<u>Referrer (if not self-referral)</u>** **Name:** **Relationship/Role:** **Address:** **Telephone:** **Email:**
<u>GP Details</u> **Name:** **Address:** **Telephone:** **Email:**	**<u>Next of Kin/Emergency Contact Details</u>** **Name:** **Address:** **Telephone:** **Email:**
Date of referral	

History of Acquired Brain Injury (if applicable) Date occurred, diagnosis, cause of injury etc.
Please state briefly the reason for referral Any information given may be shared with the person but is otherwise confidential
Does the person have any communication needs such as language, literacy, hearing or visual impairment? Yes/No If yes, please give details
Known risk factors e.g. risk of suicide, self-harm, self-neglect, risk to others - please indicate if these are current or previous and give dates
If the person is receiving counselling or psychological support from other professionals, or on a waiting list for services Please give brief information if this is relevant to this referral
Seizures Yes/No If yes, please give details of type & frequency
Social Family situation, living arrangements – supported, lives alone etc.

Please attach any further information that you feel may be relevant.

Completed forms should be returned to:

Email: referrals@braininjurymatters.org.uk

By post: Brain Injury Matters (NI), 5c Stirling House, Castlereagh Business Park, 478 Castlereagh Road, Belfast, BT5 6BQ

To be completed by Brain Injury Matters

Date referral received:	**Name of recipient:**

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Assigned Client code:	Appropriate services: