

# COUNSELLING REFERRAL FORM

# BHASVIC

This form is also available electronically from the Counselling page of the VLE. **VLE > Student Services Menu > Counselling**

<b>Your Name:</b>	
<b>Your mobile phone number:</b>	
<b>Your BHASVIC email:</b>	
<i>Please note that we will use your BHASVIC email account to make contact with you. It is essential that you check this account regularly – daily if possible.</i>	
<b>Your Date of Birth:</b>	
<b>Please use this space here to tell us why you are referring to the Counselling service. An outline of how you are feeling / your situation would be very helpful and the more information you give us the better we can deal with your referral:</b>	
<b>Today's Date:</b>	

Did someone else suggest that counselling may be helpful for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who was this?		
A friend <input type="checkbox"/>	My Personal Tutor <input type="checkbox"/>	
A parent/guardian <input type="checkbox"/>	My Guidance Manager <input type="checkbox"/>	
Another family member <input type="checkbox"/>	My GP <input type="checkbox"/>	
A teacher <input type="checkbox"/>	Other _____	
Have you received counselling before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you <u>currently</u> receiving support from any of the following:		
Private/NHS Counselling <input type="checkbox"/>	Mental Health Services <input type="checkbox"/>	GP <input type="checkbox"/>