

## Counselling self-referral form

This form is for self-referrals and assisted self-referrals. An assisted self-referral is when you have someone who is not a health professional helping you to complete the form – for example family members, friends, work colleagues and so on.

We cannot offer a service while you are seeing another counsellor or psychological therapist, or if you are currently receiving a high level of mental health care.

Please complete the form as fully and accurately as you can - allow yourself at least 10 – 15 minutes. Alternatively you can complete the form online at [www.westkentmind.org.uk/counselling](http://www.westkentmind.org.uk/counselling)

### Your details

First name

Last name

Date of birth

Gender

Address 1

Address 2

Town/City

Postcode

Phone number

Can we leave a message on this number?

Yes      No

Alternative number

Can we leave a message on this number?

Yes      No

Email

Can we contact you by email?

Yes

No

How would you prefer us to contact you?

Email

Phone

Letter

What is your employment status?

Employed

Self-employed

Homemaker

Unemployed

Retired

Student

Please tell us about any additional needs (language, sensory, mobility etc)

## Your assister

If you have someone helping you to fill in this form, please enter their details below

Would you like your assister to be kept informed about your referral?

Yes

No

Assister's first name

Assister's last name

Address 1

Address 2

Town/City

Postcode

Phone number

Alternative phone number

Email

Job / Role

Working days / hours

## Your GP

GP name

GP surgery / practice

## About your difficulties

Have you ever been diagnosed with any of the following?

ADHD

Autistic Spectrum Disorder

Bipolar Disorder

Eating Disorder

Learning Disability

Schizophrenia

Personality Disorder

Neurological Disorder

Please tell us more about any of the boxes you have ticked

Please tell us briefly why you are referring yourself for counselling

Please tell us about any medication you are taking for your mental health

Please tell us about any other mental health services you are receiving

We cannot offer a service while you are seeing another counsellor or psychological therapist, or if you are currently receiving a high level of mental health care. We will discuss this with you if necessary.

If you use alcohol, please estimate the number of units a week that you drink

1 - 7

8 - 14

15 - 21

21 - 29

over 30

Single measure of spirits = 1 unit

Small glass of wine = 1.5 units

Bottle of beer/cider = 1.7 units

Pint/can normal strength beer/cider = 2 units

Pint/can of higher strength beer/cider = 3 units

If you use street drugs, please tell us about these and about how often you use them

If you have ever been a danger to yourself or others, please tell us about this

In some cases of high drug / alcohol use or high risk we may not be able to offer the right kind of help, in which case we will contact you to discuss what kind of help is available.

The following two questionnaires about mood and about worry are not compulsory, however they can be useful to help us determine the right kind of help for you. You can either complete them or leave them blank.

### **About your mood**

Over the last two weeks how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling down, depressed or hopeless

- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble falling or staying asleep, or sleeping too much

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling tired or having little energy

- Not at all
- Several days
- More than half the days
- Nearly every day

Poor appetite or overeating

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling bad about yourself - or that you are a failure or have let yourself or your family down

- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television

- Not at all
- Several days
- More than half the days
- Nearly every day

Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

- Not at all
- Several days
- More than half the days
- Nearly every day

Thoughts that you would be better off dead or hurting yourself in some way

- Not at all
- Several days
- More than half the days
- Nearly every day

### **About worry**

Over the last 2 weeks how often have you been bothered by any of the following problems?

Feeling nervous, anxious or on edge

- Not at all
- Several days
- More than half the days
- Nearly every day

Not being able to control or stop worrying

- Not at all
- Several days
- More than half the days
- Nearly every day

Worrying too much about different things

- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble relaxing

Not at all

Several days

More than half the days

Nearly every day

Being so restless that it is hard to sit still

Not at all

Several days

More than half the days

Nearly every day

Becoming easily annoyed or irritable

Not at all

Several days

More than half the days

Nearly every day

Feeling afraid as if something awful might happen

Not at all

Several days

More than half the days

Nearly every day

### **Finally...**

If there are any days or times that you would not be available for sessions, please use this space to tell us about your availability.

Thank you for completing your referral. Please check that you have completed the form as fully and accurately as possible, and then sign (or enter your name as signature) and date below.

Signed

Date

You can now return the completed form by email to

[referrals@westkentmind.org.uk](mailto:referrals@westkentmind.org.uk)

or post to

West Kent Mind Counselling Service  
34 St Johns Road  
Sevenoaks  
TN13 3LW

We will contact you within 14 working days to arrange an assessment, or if we are not able to offer you the right kind of help we will contact you to tell you about what help is available.

If you need to contact us for any reason, you can email [hello@westkentmind.org.uk](mailto:hello@westkentmind.org.uk) or call us on 01732 744950 or write to the address above. Information about the service is on our website at

[www.westkentmind.org.uk/counselling](http://www.westkentmind.org.uk/counselling)