

Children’s Counselling Appointment Form

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| Your child’s name |  |

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| Age |  | Today’s Date |  |

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| --- | --- |
| Parent/Carer Name |  |
| Phone |  |
| Email |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Living Situation (please tick one) |  |  |  |  |  |  |  |  |  |  |
| At home with Mum & Dad |   | Shared custody |   |
| At home with Mum |   | Living with Relative |   |   |
| At home with Dad |   | Living in Care Part-time |   |
|  |  |  |  |   | Living in Care Full-time |   |

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| --- | --- |
| School / College |  |
| Name of GP Surgery |  |
| Formal Diagnosis (past or present) |  |
| Medications  |  |
| Accessibility issues |  |

Please X the main issues affecting this child

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| Parental Separation |  | Self-Harm |  | Living in Care |  |
| Bereavement |  | Abuse in the Family |  | School Attendance |  |
| Chaotic Family Life |  | Abuse (of any kind) |  | Low Self-Esteem/Resilience |  |
| Sexuality |  | Parental Drug/Alcohol Use |  | Drug/Alcohol use |  |
| Low Mood |  | Anxiety |  | Loss |  |
| Young Carer |  | Attachment Issues |  | Can’t Regulate Emotions |  |
| Isolation / Loneliness |  | Neglect |  | Conflict (of any kind) |  |
| Bullying |  | Exam Stress |  | Other |  |

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| Please give a brief outline of what has brought you to counselling |
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| Who else have you seen or on a waiting list to visit? (please put X in the box) |
| Doctor |  |
| Mental Health Services |  |
| Other (Please state) |  |

Please could you indicate the days and times you would be available during the week, evening appointments tend to be limited.

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| --- | --- | --- | --- | --- | --- | --- |
| Monday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Tuesday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Wednesday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Thursday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Friday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Saturday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Sunday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |

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| Are you or someone in your household happy to pay a fee of £50 per session? | **Y/N** |
| Is your child happy to receive counselling? | **Y/N** |

How did you hear about our service? (please tick)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Word of mouth |  | Website |  | Facebook |  | GP Surgery |  |

In line with GDPR we must inform you that the information we hold on your child will be the following:

* This Appointment Request Form
* Counsellors session notes
* If we have any concerns regarding your child’s safety, we will notify you and perhaps raise a note of concern form that could be passed to your GP, the school, social work or the police. You will be given a copy of this form
* If your child is 14+ the counsellor may request their mobile number and give out theirs so that your child can be reminded of appointments and can contact their counsellor if they have deep concerns or need to cancel an appointment. Their number will be deleted as soon as their counselling comes to an end.
* Our organisation must keep client files until a child turns 18 years of age. Three years after this date, the files will be destroyed.

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| Are you happy with the above? | **Yes / No** |

To encrypt this document for secure emailing, click ‘File’ (top left), ‘Info’ (4th down from left), ‘Protect Document’ (box to the right of info), ‘encrypt with password’ (second down).

Type in your surname as password.

Please return the form to enquiries@thewellbeingacademy.co.uk

If you have not heard back from us in 1 week, either check your junk mail or contact us again.

Thank you