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Description automatically generated

Youth Counselling Appointment Form

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| --- | --- |
| Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Age |  | Today’s Date |  |

|  |  |
| --- | --- |
| 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 | |  | |

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

Please X the main issues affecting this child

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADHD |  | Gender Issues |  | Psychological Abuse |  |
| ASD |  | General Anxiety |  | School Attendance |  |
| Attachment Issues |  | Isolation / Loneliness |  | Separation Anxiety |  |
| Bereavement |  | Living in Care |  | Sexual Abuse |  |
| Bullying |  | Loss |  | Sexuality |  |
| Can’t Regulate Emotions |  | Low Mood |  | Social Anxiety |  |
| Chaotic Family Life |  | Low Resilience |  | Stepfamily issues |  |
| Disruptive Behaviours |  | Low Self-esteem |  | Suicidal Ideation |  |
| Drug/Alcohol use |  | Neglect |  | Trauma |  |
| Emotional Abuse |  | Panic Attacks |  | Victim of Sexual Violence |  |
| Exam Stress |  | Parental Separation |  | Young Carer |  |
| Family member addiction |  | Physical Abuse |  | Other |  |

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| --- |
| Please give a brief outline of the reasons for 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 let us know if you have a preference for counsellor. (please put X in box) | | |
| Female |  |
| Male |  |
| Name of your preferred counsellor |  |
| Don’t mind |  |

Face-to-face Counselling at our office in Rosyth

It helps us to know your availability during the week. There is greater availability during the day and weekends.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Morning (8am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-8.30pm) |  |
| Tuesday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-8.30pm) |  |
| Wednesday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-8.30pm) |  |
| Thursday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-8.30pm) |  |
| Friday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm)) |  | Evening (4.30-8.30pm) |  |
| Saturday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  |  |  |
| Sunday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  |  |  |

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| --- | --- | --- |
| Cost | £50 per session |  |

Online Counselling via Zoom

It helps us to know your availability during the week. There is greater availability during the day and weekends.

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| --- | --- | --- | --- | --- | --- | --- |
| Monday | Morning (8am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-9pm) |  |
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| Saturday | Morning (8am – 12pm) |  | Afternoon (12.30 3.30pm) |  |  |  |
| Sunday | Morning (8am – 12pm) |  | Afternoon (12.30 3.30pm) |  |  |  |

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| --- | --- | --- |
| Cost | £45 per session |  |

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| Is your child happy to receive counselling? | **Y/N** |

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

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

Confidentiality

You can read our privacy policy regarding how the information you supply is handled by visiting this link [Privacy Policy | Wellbeing Academy (thewellbeingacademy.co.uk)](https://www.thewellbeingacademy.co.uk/copy-of-terms-of-use)

The information shared with us is held in strict confidence, and all electronically stored information is stored on an encrypted site called Halaxy.

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** |

**IMPORTANT**

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 this form to [enquiries@thewellbeingacademy.co.uk](mailto:enquiries@thewellbeinacademy.co.uk)

ALSO PLEASE CHECK YOUR JUNK EMAIL IF YOU HAVE NOT HEARD FROM US AFTER 1 WEEK.

Thank you