**Parent Consent and Referral Form**

**Thank you for getting in touch and enquiring about therapy.**

Please complete the parental consent form for children/young person’s partaking in the counselling service. This form needs to be completed before counselling can commence. Please email the completed form to me at contact@letsthinkdifferent.co.uk. All information provided will be held under the Data Protection Act 2018.

**Young Person’s Details:**

|  |  |
| --- | --- |
| First Name: | Surname:  |
| Date of Birth:  | Age:  |
| Address: Postcode: | Telephone Number  |

**Parent/Guardian Details:**

|  |  |
| --- | --- |
| First Name: | Surname:  |
| Relationship to above named:  |  |
| Date of Birth:  | Age:  |
| Address: Postcode: | Telephone Number Email Address |
| Emergency contact name: | Emergency contact telephone number:  |

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details:**

Please provide any details of medication and the reasons for this. This is for emergency use only.

|  |  |
| --- | --- |
| **Medication** | **Reason for this Medication** |
|  |  |
|  |  |
|  |  |
|  |  |

**Referral Details:**

|  |
| --- |
| Please outline the reasons for the referral:  |
| Is the child/young person suffering from any of the following:

|  |  |  |
| --- | --- | --- |
| * Eating Disorders
 | * Trauma
 | * Self-harm
 |
| * OCD
 | * Negative Thoughts
 | * Anger issues
 |
| * Self-Esteem Issues
* Social Skills
 | * Suicidal Thoughts
* Depression
 | * Anxiety
* Bullying
 |

Others:  |
| Expectations for counselling:  |

Signature of client (if applicable):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability:**

For an easier process for you, please let me know as much availability as you can for weekly sessions, by circling the times and I will try to match your time as best as I can.

Thank you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 9am – 12pm | 9am – 12pm | 9am – 12pm | 9am – 12pm | 9am – 12pm |
| 1pm – 3pm | 1pm – 3pm | 1pm – 3pm | 1pm – 3pm | xxxxxxx |
| 3pm – 6pm  | 3pm – 8pm  | 3pm – 6pm  | 3pm – 8pm  | xxxxxxx |

**Any additional information you feel I may need to know:**

|  |
| --- |
|  |

**We would like to contact you for a free consultation and to confirm details of sessions.**

**How would you like us to contact you?**

* **Phone**
* **Text**
* **Email**