

Counselling Self-Referral Form

Full name:	Preferred name (if different):
Date of birth:	Email address:
Contact number: Is it okay to leave a message? Yes / No (please circle) Is it okay to send a text? Yes / No	Please indicate your preferred method of contact:
Address: Post code: Is it okay to send a letter: Yes / No	Name and phone number of emergency contact:
GP surgery and name of GP:	Details of any current prescribed medication:
Are you currently receiving input from any other service/s in relation to your mental health and wellbeing? If so, please provide details: Yes / No	If you have answered yes, do you agree for us to contact them if required? Yes / No
Please outline any days or times that you are unable to attend:	If you are happy to, please briefly outline the difficulties you are experiencing: (this will help us allocate the most appropriate person for your initial assessment but is not compulsory)

We treat issues relating to consent and confidentiality with the upmost of importance. The information you provide to us is stored securely and accessed only by those in the team. Anonymised data may be shared with the Government of Jersey as part of our agreement as a service provider. Following your initial assessment, if we're able to support you with counselling we will inform your GP as part of our standard process. We will not discuss any information about you outside of Mind Jersey without your prior agreement, except in exceptional circumstances. For example, we would have a duty to pass on information if we were concerned that there was a serious risk of harm to yourself or others.

One of the team will contact you shortly to arrange a suitable time for your initial assessment with us.

Signature:

Date:

For office use only -