

Contact Information	
Name:	DOB:
Address:	Contact number/s: Home: Is it ok to leave a message on this number? Y/N Mobile: Is it ok to leave a message on this number? Y/N
Name of worker completing referral:	Workers contact details: Tel: Email:
Accessibility requirements? Y/N If yes please give details:	
Do you have any serious medical conditions? Y/N If yes please give details:	
GP details:	
Are there any situations or contexts where you feel you may present as a risk towards others? During counselling you might discuss or remember emotive material that may be distressing for you. It is worth considering what the impact might be for others and yourself while you are going through this process. In the past have you become physically aggressive towards others when you are in an emotive state? Have others presented as frightened of you when you are upset or angry? If the answer is yes then please give brief details below:	
What are your reasons for seeking counselling? Do you identify a main presenting problem? Are there any current stressful life events? Briefly explain what motivated you to seek counselling <u>at this time</u> (rather than earlier or later).	

Once completed, please email this form to:

sarah.law@brightonymca.co.uk and clare.burholt@brightonymca.co.uk

or post it to this address:

FAO: The Counselling Team
Brighton YMCA Head Office
Steine House
55 Old Steine
Brighton
BN1 1NX

Please do not complete the following section:

Referral Information
Client reference no:
Date referral received:
Referral accepted: Yes / No
Date letter sent to client: