**FACE-TO-FACE AND ONLINE COUNSELLING, SELF REFERRAL FORM**

**Please complete all the information requested and return to:**

**counselling@bucksmind.org.uk**

**If you would prefer to post your referral, please send it to:**

**Buckinghamshire Mind, 260 Desborough Road, High Wycombe, Bucks, HP 11 2QR.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Name**  |  | **DOB** |  |
| **Address** |  |
| **What counselling service would you like to access? Please highlight or circle.** | **Face2Face – High Wycombe / Aylesbury****Online: Y/N****Telephone: Y/N** |
| **GP name** |  | **Surgery** |  |

CONTACT DETAILS

Is it ok to say Buckinghamshire Mind if we call or leave a message? Delete YES/NO as appropriate

|  |  |  |
| --- | --- | --- |
| **Home** |  | **Yes/NO** |
| **Work** |  | **Yes/No** |
| **Mobile** |  | **Yes/NO** |
| **E-Mail** |  | **Yes/No** |

**Once we receive your referral, a member of staff will contact you via email with further information. Once we receive all the required documents, you will be placed on our waiting list for an initial assessment until we have an available time slot to offer you. However, if you have chosen our Rapid Access service, we will offer you an initial assessment within a week**

**We offer two types of different services. Please tick what would be best suited to your needs.**

**Sliding scale (Initial assessment £20, followed by between £20-45 per session depending on your affordability.)**



**Rapid Access (Fixed fee £55 for Initial Assessment and further sessions)**

**What is your preferred time for an appointment? Please tick below:**



**Mon – Fri (9am to 12noon)**

**Mon - Fri (12noon to 5pm)**

**Mon – Fri (5pm to 8.30pm)**



**Rapid Access - Flexible**

Please note that we can’t guarantee that appointments at your preferred time, but we will try our best to accommodate your preference. We have limited availability for evening appointments, so if you’re only available for evening appointments this may result in a longer waiting time.

For more information, please visit[www.bucksmind.org.uk/online-counselling-service](http://www.bucksmind.org.uk/online-counselling-service)

**Presenting Issues: Please highlight where applicable.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Anxiety** | **Anger** | **Alcohol** | **Bereavement** | **Lack of confidence** | **Depression** | **Drugs** |
| **Domestic violence** | **Eating disorder** | **Low self esteem** | **OCD** | **Personality Disorder** | **PTSD** | **Relationships** |
| **Self-harm** | **Sexual abuse** | **Sexuality** | **Schizophrenia** | **Stress** | **Work** | **Covid-19** |

What are the three main reasons for your referral:

1.

2

3.

**How did you hear about our service (please highlight or underline)**

GP Friend relative Re referral Healthy Minds Search engine NHS mental health service Other

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