* + 1. 

**Counselling self-referral form.**

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| --- | --- |
| Name/Enw |  |
| Address/Cyfieriad |  |
| Date of Birth/Dydiadd Geni |  |
| Email/E-bost |  |
| Contact Number/Rhif Cyswllt |  |
| Emergency contact/Cyswllt brys |  |
| GP address and Contact/Cyfeiriad meddyg teulu a Cysylltu |  |
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| Are you currently taking any medication?  |
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| --- |
| Do you have any thoughts or plans to take your own life? |
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| What are your reasons for coming to counselling? |
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| What do you hope for from counselling? |
|  |

What is your preferred method of counselling?

|  |  |  |
| --- | --- | --- |
| In person | By telephone | Online video chat |

What days and times are you available to receive counselling?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

|  |
| --- |
| Do you have a disability or any needs you need us to know about?  |
|  |