



Breathe Referral Form

Breathe provides counselling services. You will need to complete this form to access our services. This will give us some basic information about you and how we may be able to help.

Data Protection

To apply for counselling we ask for consent to hold and process any personal, confidential information about you which will be used, as part of the counselling process, such as your contact details, notes and assessment forms. The information held will be in digital and clerical formats; we do not pass your personal information onto anyone else without your consent in the first instance.

How we use information

- To help inform decisions that we make about your referral.
- To work effectively with other organisations who may be involved in your support.
- To ensure our services can meet your needs.
- To be able to provide you with the highest standard of counselling possible.

How information is retained and kept safe?

Information is retained in secure electronic and paper records and access is restricted to only those who need to know, removing your identifying information, adhering to strict contractual conditions and ensuring strict sharing or processing agreements are in place. It is important that information is kept safe and secure, to protect your confidentiality. There are a number of ways in which your privacy is shielded by removing your identifying information, adhering to strict contractual conditions and ensuring strict sharing or processing agreements are in place.

The information shared may be used for the planning and delivery of services, additionally it may be used for statistical purposes where appropriate to do so. Information collected will be stored securely and used anonymously.

These arrangements will be in place for a period of three years after you have completed your counselling, or until you decide to withdraw consent (if you do so prior to the 3 years passing). This form will be reviewed with you when you start counselling. It will be destroyed once no longer valid i.e. when review is due or when you withdraw consent.

Please complete:

I(PRINT NAME) give consent for Breathe counselling service to hold and process any personal data which may be needed for the counselling process.

Signed

Date:

PLEASE NOTE THAT WE HAVE A DUTY OF CARE TO SHARE INFORMATION ABOUT RISK WITH OTHER RELEVANT SERVICES AND YOUR GP. THIS WILL BE DISCUSSED WITH YOUR COUNSELLOR

Please provide as much information as possible so that we can allocate the most appropriate counsellor to support you. Failure to disclose relevant information may delay your referral. If we feel that the support you need cannot be undertaken at Breathe, where possible, we will provide information on alternative services that you may be able to access.

Counselling with qualified counsellors costs £15 for the initial assessment and from £55 per session thereafter. Low-cost counselling with trainee counsellors costs £5 for the initial assessment and £5 per session. We may ask to see evidence of any benefits you receive.

If you are making this application on behalf of someone else please provide your contact details in this box. To make this application you will need to have the person's consent before completing. The person will need to sign the application form.

Referrer name		
Referrer contact details	No:	Email:
Name of person application is for		
Signature of person application is for		

SECTION 1

Full Name			D.O.B
Address			
City / Town			
County			Postcode
Contact Number			
Email Address			
Is it safe to write to your address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it safe to call?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it safe to email?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it safe to leave a message?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnic Group or Religion			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I identify my gender as:		
Next of Kin			

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Next of Kin Address	
Next of Kin Number	
Name of GP	
GP's Address	
Telephone Number	
Social Worker/CPN	
Telephone Number	

SECTION 2

Reason for Referral <i>(The situation why you require counselling)</i>
Aims & Objectives <i>(What you hope to achieve)</i>

Are you taking any prescribed medication?	
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Risk History and Current Risk	
Have you had any thoughts of harm to self or others? If Yes please provide more details below	
Do you have any indicators that could trigger changes to those risks? If Yes please provide more details	
Are you known to Social Services or NHS Mental Health Services?	
Please provide information below regarding any services you are involved with and any issues related to these services	

Please tick if you are affected by any of the following				
Alcohol <input type="checkbox"/>	Drugs <input type="checkbox"/>	Tobacco <input type="checkbox"/>	Caffeine <input type="checkbox"/>	Other: _____

Please tick if you are affected by any of the following		
Anxiety <input type="checkbox"/>	Emotional Abuse <input type="checkbox"/>	Sexual Abuse/Assault <input type="checkbox"/>
Anger <input type="checkbox"/>	Family Difficulties <input type="checkbox"/>	Sexual Identity Issues <input type="checkbox"/>
Academic Difficulties <input type="checkbox"/>	Family Separation/Divorce <input type="checkbox"/>	Sleeping Difficulties <input type="checkbox"/>
Behaviour <input type="checkbox"/>	Financial Difficulties <input type="checkbox"/>	Stress <input type="checkbox"/>
Bereavement / loss <input type="checkbox"/>	Health (Physical) <input type="checkbox"/>	Social need (housing/finance) <input type="checkbox"/>
Bullying <input type="checkbox"/>	Physical Abuse <input type="checkbox"/>	Suicidal thoughts/behaviours <input type="checkbox"/>
Depression <input type="checkbox"/>	Relationship Difficulties <input type="checkbox"/>	Substance Abuse/Addictions <input type="checkbox"/>
Domestic Violence <input type="checkbox"/>	Self-harm <input type="checkbox"/>	Trauma <input type="checkbox"/>
Eating Issues <input type="checkbox"/>	Self-worth/Self esteem <input type="checkbox"/>	

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SECTION 3

Employment status		
Employed <input type="checkbox"/>	Unemployed/Student <input type="checkbox"/>	
Mobility (For face to face counselling)		
Do you have any mobility issues? Are you able to climb one flight of stairs?	Do you have any allergies? If so, what are you allergic to?	
Preferences		
Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> counsellor? <input type="checkbox"/> No preference		
Would you like to work with a particular counsellor at Breathe? If so, which counsellor?		
Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> appointment? <input type="checkbox"/> No preference		
Face to face <input type="checkbox"/> Online <input type="checkbox"/> Over the phone <input type="checkbox"/> counselling?		
Are you happy for us to send SMS appointment reminders? Yes <input type="checkbox"/> No <input type="checkbox"/>		
How did you hear about Breathe?		
Google <input type="checkbox"/>	Word of mouth <input type="checkbox"/>	Psychology Today <input type="checkbox"/>
Social Media <input type="checkbox"/>	Counselling Directory <input type="checkbox"/>	Other:
Flyer <input type="checkbox"/>		

Thank you for completing this form

How to return: Save your document and either:

Email: Counselling@breathe-uk.com

Post: Breathe, 1 Pen-y-Lan Road, Roath, Cardiff, CF24 3PG

Confidentiality is important. If you are having sessions online or over the phone please make sure that there is no-one in the room with you and that you will not be disturbed during the duration of the call.