

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 the things we may be able to work on together,

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 physical formats. We do not pass your personal information on to anyone else without asking for your consent first.

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 is your information retained and kept safe?

It is important that information is kept safe and secure to protect your confidentiality. Information is retained in secure electronic records and access is restricted to only those who need to know. There are a number of other 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. It may also 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 before those three years have finished). This form will be reviewed with you when you start counselling. It will be destroyed once no longer valid, such as when review is due or if you withdraw consent.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 work with you. If there's relevant information that you don't disclose, it might delay your referral.. If we feel that the support you require 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. **This option is only available to people who are unwaged.** We may need to ask for details 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			
Next of Kin Address			
Next of Kin Number			



Name of GP	
GP's Address	
Telephone Number	
Social Worker/CPN	
Telephone Number	
Do you have any learning requirements we need to be aware of to enable you to access counselling?	

SECTION 2

Reason for Referral <i>(The reason why you require counselling)</i>
What would you like to work on through counselling?

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	
Do you have any indicators that could trigger changes to those risks? If Yes please provide more details	
Have you had any involvement with Social Services or NHS Mental Health Services?	
Please provide information regarding any services you are involved with and any issues related to these services.	

SECTION 3

Employment status <small>(Our low cost counselling service is only available to people who are unwaged)</small>	
Waged <input type="checkbox"/>	Unwaged <input type="checkbox"/>
Are you referring from an organisation or project who are covering the cost of your sessions? If so please state	Platform CYP <input type="checkbox"/> Platform DIAL <input type="checkbox"/> Platform EAP <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>
Mobility <small>(For face to face counselling)</small>	
Do you have any difficulties with your mobility? Are you able to climb one flight of stairs?	Do you have any allergies? If so, what are you allergic to?
Counselling Preferences	
Would you prefer a counsellor who is ... <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> No preference	

Would you like to work with a particular counsellor at Breathe? If so which counsellor?		
Appointment Preferences:		
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> No preference		
<input type="checkbox"/> Face to face <input type="checkbox"/> Online <input type="checkbox"/> Over the phone <input type="checkbox"/> No preference		
Are you happy for us to send appointment reminders by mobile text message (SMS)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about Breathe?		
Google <input type="checkbox"/> Social Media <input type="checkbox"/> Flyer <input type="checkbox"/>	Word of mouth <input type="checkbox"/> Counselling Directory <input type="checkbox"/>	Psychology Today <input type="checkbox"/> Other:

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 for the duration of the call.