

Appointment Form

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| Name |  |

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| --- | --- | --- | --- |
| Age |  | Today’s Date |  |

|  |  |
| --- | --- |
| Parent/Carer Name |  |
| Phone |  |
| Email |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Living Situation (please tick one) |  |  |  |  |  |  |  |  |  |  |
| At home with Mum & Dad |   | Shared custody |   |
| At home with Mum |   | Living with Relative |   |   |
| At home with Dad |   | Living in Care Part-time |   |
|  |  |  |  |   | Living in Care Full-time |   |

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| If your child is under 14, is parental consent given? | **Yes/No** |
| Is your child happy to receive counselling? | **Yes/No** |

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| Please give a brief outline of your concerns |
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| --- | --- |
| School |  |

Please X the main issues affecting this child

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| Parental Separation |  | Self-Harm |  | Living in Care |  |
| Bereavement |  | Abuse in the Family |  | School Attendance |  |
| Chaotic Family Life |  | Abuse (of any kind) |  | Low Self-Esteem/Resilience |  |
| Sexuality |  | Parental Drug/Alcohol Use |  | Drug/Alcohol use |  |
| Low Mood |  | Anxiety |  | Loss |  |
| Young Carer |  | Attachment Issues |  | Can’t Regulate Emotions |  |
| Isolation / Loneliness |  | Neglect |  | Conflict (of any kind) |  |
| Bullying |  | Exam Stress |  | Other |  |

It helps me to know your availability during the week, after school appointments tend to be limited. Please could you indicate the days and times you would be available, and please also indicate any daytime availability, as this could enable us to start counselling sooner.

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| --- | --- | --- | --- | --- | --- | --- |
| Monday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Tuesday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Wednesday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Thursday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Friday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Saturday | Morning (10-12.30) |  | Afternoon (1.30 -5) |  |  |  |
| Sunday | Morning (10-12.30) |  | Afternoon (1.30 -5) |  |  |  |

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| Who else has your child seen or is waiting to see? (please put X in box) |
| Educational Psychologist |  |
| CAMHS |  |
| Other (Please state) |  |
| Social Worker |  |

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| Has your child received any formal diagnosis from their GP or other medical professional? | **Y/N** |
| If yes please give details |
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| Cost of initial parent meeting is £20 for half an hour (On Zoom) |  |
| Cost of counselling is £45 per session |  |

How did you hear about our service? (please tick)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Word of mouth |  | Website |  | Facebook |  | GP Surgery |  |

In line with GDPR we must inform you that the information we hold on your child will be the following:

* This Appointment Request Form
* Counsellors session notes
* If we have any concerns regarding your child’s safety, we will notify you and perhaps raise a letter of concern form that could be passed to your GP, the school, social work or the police. You will be given a copy of this form
* If your child is 14+ the counsellor may request their mobile number and give out theirs so that your child can be reminded of appointments and can contact their counsellor if they have deep concerns or need to cancel an appointment. Their number will be deleted as soon as their counselling comes to an end.
* Our organisation must keep client files until a child turns 18 years of age. Three months after this date the files will be destroyed.

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| Are you happy with the above? | **Yes / No** |