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**Referral Form: Please complete the boxes in**

**white only. Grey boxes are for MACP office use only**

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| **Counselling: Please tick** | **By Zoom** |  | | **Face to Face** | | | |  | | | **Telephone** | |  |
| **Counsellor Allocation** | **Office Use** | | | | | | | | | | | | |
| **Client Reference No** | **Office Use** | | | | | | | | | | | | |
| **MACP Assessor Recommendations** | **Office Use** | | | | | | | | | | | | |
| **Information captured by: (MACP Representative)** | **Office Use** | | | | **Date** | | | | | **Office Use** | | | |
| **Referrer/Client/Organisation** |  | | | | **Tel No** | | | | |  | | | |
| **Organisation & email:** |  | | | | | | | | | | | | |
| **Is the child or young person in contact with any other organisations? If yes, who?** |  | | | | | **Is the child or young person on the “At Risk” register?** | | |  | | | | |
| **Is there any other agency involved?** |  | | | | | **If applicable, name/contact details of social worker** | | |  | | | | |
| **Name of GP, address, contact details** |  | | | | | | | | | | | | |
| **Client Details Only: Please note if the client is under the**  **age of 16, a parent or carers details should be inserted below** | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | |
| **Email address** |  | | | | | | | | | | | | |
| **Client Age** |  | | | | **Date of Birth** | | | | |  | | | |
| **Client Mobile No:** |  | | | | **Home Number** | | | | |  | | | |
| **Client Presenting Issue** |  | | | | | | | | | | | | |
| **Client Preferred Contact** |  | | | | | | | | | | | | |
| **Next of Kin** |  | | | | | **Next of Kin Tel No:** | | |  | | | | |
| **Are there any risk factors MACP should be made aware of e.g., Suicide, self-harm, violence towards others etc. Please insert a number from 0-10,**  **0 being no risk, 10 being risk imminent** | | | **Suicidal Tendencies** | | | | **Self-Harm** | | | | | **Harm to others** | |
|  | | | |  | | | | |  | |
| **Availability for Appointments. Please tick** | **Mornings**  **9am-1pm** | | **Afternoon**  **1pm-5pm** | | | | **Evening**  **5pm – 9pm** | | | | | **Weekends**  **9am – 9pm Sat/Sun** | |
|  | |  | | | |  | | | | |  | |
| **Any Other Information** |  | | | | | | | | | | | | |