Young Person Referral Form

 Douglas Youth Counselling & Wellbeing Service

Name of school (if appropriate)

Who is the child/young person living with?

Name of doctor

Surgery address

Other agencies involved

Names and ages of brothers and sisters

Is the child/young person aware of this referral?

Are the parents aware of the referral?

Contact Address for child/young person (**please include postcode)**

Telephone: Home Mobile Work

Email address

Can we contact the child/young person and how may we contact them (e.g. text, voicemail, email)?

Name of child/young person DOB

Referred by: Referrer’s contact details

Relationship to child

Appointments are available in Douglas Community Centre at the following times:

Monday 4.30 – 6.30

Thursday 3.30 – 6.30

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Does the child/young person have any communication, mobility or access issues? If yes, please indicate below

What are your main areas of concern for the child/young person? (e.g. Bullying/family issues/anxiety/self-harm)

Reason for referral

 Is the child/young person available at short notice……**YES/NO**

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| Please indicate who a copy of the appointment should be sent to?NameAddress |

Return to: Insight Counselling,

 Number 10,

10 Constitution Road,

Dundee DD1 1LL