



For better
mental health

Mind Monmouthshire

45b Cross Street
Abergavenny
Monmouthshire
NP7 5ER

01873 858275

COUNSELLING SERVICE

REFERRAL

This form can be filled in by the referring professional and the client together. The information will be kept separate from any further records which will be written in such a way that protects the privacy of the client. Referral records will be kept by Abergavenny Mind Association and will only be accessible to members of the counselling service. The sharing of information with anyone else will only take place with the client's consent.

Date Reference Number

Name of referring person or agency

About the client

Name Date of Birth

Male/Female Marital Status

Address: Tel no:

..... Mobile:

Postcode:

Special arrangements for contact (e.g. partner doesn't know about counselling or different contact address to above)

Please give the reason for seeking counselling on a separate sheet of paper in order to separate it from identifying information.

Send the completed form marked "In Confidence" for the attention of Heather Whittam, Counselling Coordinator, at the address at the top of this form. If you wish you may place this referral in a separate envelope inside the main envelope marked "Counselling in Confidence". She will pass the referral unopened direct to the counsellor who will undertake an assessment to see whether our service can help you. The counsellor will contact you directly.

Charity No. 511142



INVESTORS IN PEOPLE

Mind Monmouthshire is committed to providing a quality, customer based standard which has strong consistent values, has high standards of service delivery and is run in a robust way in line with the needs of the community.

We are also committed to achieving equal opportunities in employment and the services we provide.