



Wellbeing Referral Form

All information recorded on this referral form will be treated as confidential.

Student's Name:		
Student's Form:		
Student's Date of Birth / Age:		
Student's Gender:		
Family Name if different from above:		
Address:		
Parent/ Carer Name:		
Parent / Carer Telephone Number:		
Parent / Carer email address:		
GP Details (address and phone number):		
Please list any medications you are currently taking and reasons for taking them:		

Do you have any health concerns?	
Do you have any sleep problems?	
Do you exercise and if so, how frequently	
Do you have appetite difficulties or eating habit problems? Circle where appropriate	<p style="text-align: center;"> <input type="radio"/> Eating less <input type="radio"/> Eating more <input type="radio"/> Binging / Restricting </p>
Do you drink alcohol? please circle	Yes or No
Do you use recreational drugs? If yes, what type and how often	Yes or No
In the past few months / years have you experienced any significant life stresses?	
Please list your sources of emotional support	

<p>Have you had any contact with Mental Health Services (CAMHS, EWMHS, Social Services) in the past? If yes, what was the outcome</p>	
---	--

Please check the following symptoms and if you have experienced them and say Y in the appropriate box:

	Recently or in the last 7 days	In the past 2-3 months
Depressed mood		
Anxiety/social anxiety		
Panic Attacks		
Mood Swings		
Phobias		
Obsessive Thoughts		
Intrusive thoughts		
Home life/Friendship Difficulties		
Suicidal thoughts		
Suicidal ideation		
Self -harming		
Body Image problems		
Relationship/family/separation/divorce		
Bullying		
Loss of loved ones/friends/pet		

<p>What are your goals for therapy? How do you feel counselling might help you?</p>	
<p>Is there anything else you feel we need to know?</p>	

Thank you for taking time and consideration to fill this form

Trinity Catholic High School – Internal Use only

Case Allocation:

Emotional Literacy Support Assistants (ELSA's)	
School Counsellor	
Educational Mental Health Practitioner (EMHP)	