Initial Contact Form

To access our Counselling service at Mind in Gwent, please complete the following referral form and return to [**enquiries@newportmind.org**](mailto:enquiries@newportmind.org)

(Check all of your inboxes for a response, including junk and spam folders.)

Please provide as much information as you can. **Failure to complete with adequate information may result in delays in being added to the waiting list.**

**The counselling service costs £50 per weekly session to see a qualified counsellor, or to see a trainee counsellor, subject to suitability, then £35 per weekly session.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | |
| Name | Mr/Mrs/Miss/Ms/Mx/Dr/Rev | | | | |
| DOB |  | | Age |  | |
| Pronouns |  | | Gender |  | |
| Address |  | | | | |
|  | | | | |
| Postcode |  | | | | |
| Mobile number |  | Email Address |  | |  |
| Ethnicity |  | Sexual Orientation |  | |  |
| Any disabilities (if yes please specify) |  | | | | |
| Doctor’s surgery |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Preferred Location** | | | | | | |
|  | Abergavenny | Newport | Pontypool |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Contact** | | | | |
| First name | Surname | Relationship | Contact number | Household member? |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Preference of Counsellor** | | | | | | |
|  | Trainee | Qualified |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Availability (please tick all applicable)** | | | |
|  | Mondays | Tuesdays | Wednesdays | |
|  | Thursdays | Fridays |  | |
| Please make a note of any specific times e.g. AM only: | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| **Mental Health history (please provide details)** | | |
| Have you had a mental health diagnosis? |  |  |
| Are you on any medication relating to your mental health? |  |  |
| Are you currently receiving any other support for your mental health? |  |  |

|  |
| --- |
| **Reason for counselling request** (please provide as much detail as possible) |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Any other relevant information regarding the following categories** (If you need any help with any of the things below please let us know) | |
|  | Housing |  |
|  | Communication |  |
|  | Language |  |
|  | BAME/ LGBTQ+ |  |
|  | Other |  |
|  | Details: | |