

REFERRAL TO TEEN COUNSELLING

Centre E-mail: teencounselling@crosscare.ie

Centre Tel: 55 747 05



Referrer Details

Referral Date:	Prof. Title:
Name of Service:	Tel. No.
Address:	Email:
	Mobile No.

Have you discussed referral with young person's Social Worker Yes No

What TUSLA Social Worker (if any) will be working with this family while Teen Counselling is involved?

Name of Social Worker:	Prof. Title:
Address:	Tel. No.
	Email:
Tusla Area:	Mobile No.

Young Person's Details

Young Person's Name:	D.O.B.:
Young Person's Address:	Age:
	Nationality:
School:	School Year:
Young Person/Family's GP:	Medical Centre (if applicable):
Address:	Tel. No.:

Other relevant addresses if parents are separated or Young Person is living away from home:

Mother's Name:	Phone No.
Address:	Email:

Father's Name:	Phone No.
Address:	Email:

Contact details of person the Young Person is living with if he/she is **not** living with parents

Name:	Phone No:
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<p>Have you secured consent for this referral from Mother, Father and Young Person? <i>(please tick)</i></p> <p>Mother Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Father Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Teen Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no to any of the above, why?</p>	<p>Are Mother, Father and Young Person willing to attend? <i>(please tick)</i></p> <p>Mother Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Father Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Teen Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no to any of the above, why?</p>
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Is Young Person in care of TUSLA Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it voluntary <input type="checkbox"/> or statutory <input type="checkbox"/>
Have you referred the Young Person to any other service? If yes where?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Young Person currently attending any other service? If yes where?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the Young Person attended another service in the past? If yes where?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Young Person subject of a Child in Care Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Young Person subject of a Tusla Social Work child protection plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Young Person subject of a Tusla social Work led family support plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Young Person subject of a Meitheal Support Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Young Person subject of a Single agency Family Support Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. What is your assessment of the problem?

2. What are the specific issues you would like Teen Counselling to address with the family?

2a. How important do **you think** it is for the Young Person to come to Teen Counselling at this time? PLEASE TICK BELOW

0 1 2 3 4 5 6 7 8 9 10
not at all important *don't mind either way* *really very important*

2b. How important do you think the Young Person thinks it is for him/her to come for counselling at this time? PLEASE TICK BELOW

0 1 2 3 4 5 6 7 8 9 10
not at all important *don't mind either way* *really very important*

3. Who does the Young Person live with? (specify)
Describe the nature of the relationship.

4. Describe the nature of the relationship and contact your client has with parent(s) living outside of the home.

5. What is the nature of your involvement to date with this family?

6. What is the nature of your contact with this family whilst they await an appointment with Teen Counselling?

7. Generally speaking we would expect a joint working approach between Teen Counselling and referring services. Do you see this as appropriate in this case?

8. Is the Young Person on any medication? (specify):

9. Is there any specific requirements for the Young Person or Parents

i.e. Access / Interpreter / Signer or Other ?