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**BRYR Counselling Request Form – For over 18’s**

**Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Referral Details** |
|  Name |  | Mobile Number: |  |
| Address |  |
|  |  |
| Email Address |  |
| Age & Date of Birth |  |
| Emergency Contact  | Name |  |
|  | Phone Number  |  |
| GP Name |  |
| GP Address |  | GP Phone Number |  |
| Details of any medication you are you taking  |  |
| What are you needing help with right now?  |  |
| Have you attended counselling or other psychiatric services before? |  |

**Please return referral forms to:**

Ballymun Regional Youth Resource Attn: Administrator

The Reco Central Youth Facility, Sillogue Rd, Ballymun, Dublin 11