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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