**Date:**

**Student Details:**

**First Name Surname:**

**Year Level: Your phone number:**

**Referrer information (if not student):**

**Name:**

**Relationship to student:**

**Phone no: Email:**

**Have you (or the young person you are referring) been seen by a WHS Counsellor before: YES/NO**

**Are you (or the young person you are referring) currently receiving support/counselling from any other outside service, e.g. CAMHS? YES /NO**

**If YES please give details:**

**Reason/Reasons for appointment - please explain:**

**What you would like to achieve from counselling - please explain:**

**\*Risk**

**Are you (or the young person you are referring) currently in imminent danger of hurting yourself or being hurt by someone else? YES/NO**

**If YES, please explain:**

**\*This section is required to be completed**

 **Please email this form to** **counselling@whs.school.nz**