

Counselling and Psychological Services (CAPS)

GP Referral Form to CAPS.



Client Name Address					
Phone Number		Email		Student ID	
DOB		Gender			

GP Name Practice Name Practice Address					
Phone Number		Email		Referral Date	

Current Mental Health Difficulties and Presenting Problems (brief description)

Relevant issues from the past

Level of Support – Friends, family, spiritual etc

Client Goals for Counselling	
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Current Risk Assessment (at time of referral)
<input type="checkbox"/> None <input type="checkbox"/> Harm to others <input type="checkbox"/> Academic risk <input type="checkbox"/> Suicidal ideation/Intent <input type="checkbox"/> Self-Harm <input type="checkbox"/> Other Please state _____

Prescribed Medication	
Use of Alcohol and Drugs	

Mental Health History/Treatment; Has the person ever received specialist mental health care, including at CAPS? If so please specify

Treatment Intervention - to be considered for at CAPS
<input type="checkbox"/> Person Centred Therapy (PCT) <input type="checkbox"/> Psycho-education <input type="checkbox"/> Psychology referral <input type="checkbox"/> Cognitive Behavioural Therapy (CBT) <input type="checkbox"/> Short Term 3 session Counselling <input type="checkbox"/> Psycho-dynamic Therapy

Relevant Physical Health History/Treatment

GP Signature		Date	
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Completed referral forms should be emailed to: studentcounselling@glasgow.ac.uk

Or Posted to:

Counselling and Psychological Service
University of Glasgow
67 Southpark Avenue
Glasgow G12 8LE