

**Dap Counselling Referral Criteria Check**

**Client Name: …….…………………………………………………………………………..**

1. **Have you had counselling in the past? If yes, what for and when?**
2. **Have you ever been seen by a Psychiatrist and/or Crisis Team? If yes, what for and when?**
3. **Do you have a mental health diagnosis? – If yes, what is it and when were you diagnosed?**
4. **Are you currently taking medication as prescribed by a doctor? If yes, what? How much and for how long?**
5. **Are you currently taking any recreational drugs/alcohol? If yes, what, how much and for how long?**
6. **Have you ever self-harmed? Can you provide any details of this?**
7. **Have you ever had suicidal thoughts / attempted suicide? Can you provide details of this?**
8. **Do you feel suicidal currently?**
9. **Are you currently on a waiting list for another counselling service?**
10. **Do you have a social worker or any other support workers?**