



## 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