

# Referral Form

Mpower - The Centre, 1/155, 15, Nyaymurti Sitaram Patkar Marg, Khareghat Colony, Hughes Road, Mumbai 400 007  
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www.mpowerminds.com

**\* Please fill the referral form with information that you have available. Kindly attach any additional information/reports that you feel will aid the referral process**

## About the Client

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of the Client : \_\_\_\_\_

Current Address : \_\_\_\_\_

Mobile : \_\_\_\_\_ Email Address : \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age : \_\_\_\_\_ Gender : \_\_\_\_\_

Nationality : \_\_\_\_\_ Main Language Spoken : \_\_\_\_\_

Educational Qualification : \_\_\_\_\_

Occupation Details : \_\_\_\_\_

Relationship Status :  Single  Married  In a relationship  Divorced  Separated

Any Children?  Yes  No

If Yes, please provide the ages of the children : \_\_\_\_\_

Whom would you like us to contact if we can't get through to you? (Emergency Contact)

Name : \_\_\_\_\_ Mobile : \_\_\_\_\_

Relationship to the Client : \_\_\_\_\_

## Reason for Referral

- ▶ Reason for referral (Including nature of mental health concerns and current mental state)

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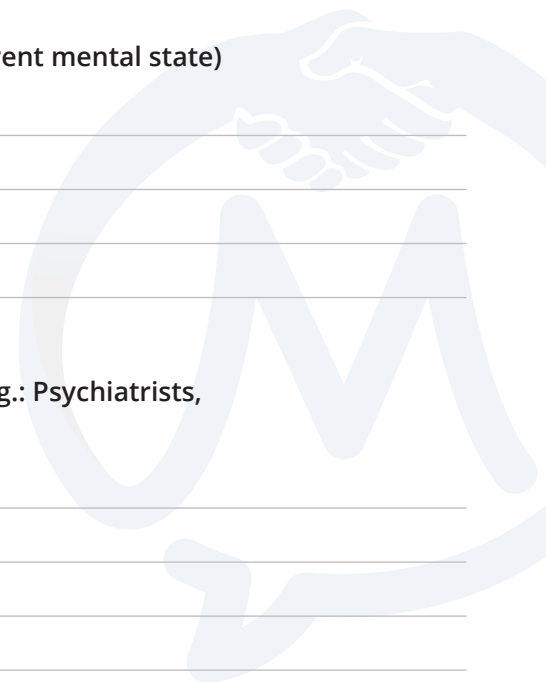
- ▶ Please list other professionals currently involved/involved in the past (e.g.: Psychiatrists, Counselors/Psychologists)

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▶ Relevant medical history including current and past diagnoses/medications (psychiatric and non-psychiatric)

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▶ Are any of the following a concern/risk (past or present)

- |   |  |
|---|--|
| <input type="checkbox"/> Anxiety                    | <input type="checkbox"/> Depression            |
| <input type="checkbox"/> Hearing Voices             | <input type="checkbox"/> Paranoia              |
| <input type="checkbox"/> Trauma History             | <input type="checkbox"/> Addiction Issues      |
| <input type="checkbox"/> Violent Behaviour          | <input type="checkbox"/> Personality Issues    |
| <input type="checkbox"/> Suicide attempts/Ideations | <input type="checkbox"/> Family Conflicts      |
| <input type="checkbox"/> Physical Disabilities      | <input type="checkbox"/> Learning Difficulties |

Is there a history of mental health concerns in the family? If so, please provide details: \_\_\_\_\_

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▶ Where did you hear about us?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Google or other search engine | <input type="checkbox"/> Print media  |
| <input type="checkbox"/> Word of mouth                 | <input type="checkbox"/> Social media |

▶ Who referred you to Mpower?

Name : \_\_\_\_\_ Mobile : \_\_\_\_\_

Relationship to the Client : \_\_\_\_\_

▶ Would you like to be informed about Mpower workshops, programmes, and seminars?

- Yes     No

Completed by:

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(Name, Signature, Date)

## POLICY FOR ADULT CLIENTS

### Referral form

Once we receive the referral form, we will screen it to check whether the adult client meets the inclusion criteria for Mpower Centre. This is to make sure our team can provide the service that the adult client requires. Following this we will be offering an appointment to meet us at the Mpower Centre. At Mpower, we see clients with appointment only.

### Client Records & Confidentiality:

Communication between the client and therapist at Mpower Centre will be strictly confidential.

Written documentation includes a referral form, an initial screening, diagnosis, a treatment plan, goals and recommendations, and progress notes for every visit.

Our professionals may internally share certain client information for therapeutic, clinical purposes or for research purposes as well as during multidisciplinary meetings.

Confidentiality is of utmost importance whilst sensitively dealing with each of our clients/families. However disclosure of such confidential information would be mandatory in the event of abuse (verbal, physical, psychological, or sexual), if the client would be at risk to harm himself/herself or others, or for any reason as may be necessary to disclose under law.

### Length and Frequency of Visits:

The standard length of a session is 45 minutes. Frequency of sessions is arranged Communication between the client and therapist at Mpower Centre will be strictly confidential.

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Our professionals may internally share certain client information for therapeutic, clinical purposes or for research purposes as well as during multidisciplinary meetings.

Confidentiality is of utmost importance whilst sensitively dealing with each of our clients/families. However disclosure of such confidential information would be mandatory in the event of abuse (verbal, physical, psychological, or sexual), if the client would be at risk to harm himself/herself or others, or for any reason as may be necessary to disclose under law. according to the needs and the unique situation of each client. We generally suggest starting counselling with regular weekly appointments. Once some progress has been made, visits may be less frequent and spaced out over a longer period of time.

### Being Late for a Session:

Should you arrive late for your appointment, your scheduled visit may be shortened by the amount of time you came in late. When you arrive we'll make use of what time is available, and we may not be able to extend the session time due to the next person's appointment.

### Payment:

Client and/or his/her parent/guardian are expected to pay the standard fee before each session unless other arrangements have been made in advance. You will have the option of making the payment by cash or credit card. We do not offer refund of any payment made by you. Failure to make a payment will result in suspension of services until the balance is paid in full.

### Cancellation Policy & Missed Appointments:

Please inform our Centre as soon as possible if you are unable to keep an appointment. Because an appointment time is especially reserved for you,

we require an advance notice of at least 24 hours for cancellations or changes of scheduled appointments. If an appointment is cancelled with less than 24 hours' notice, or a failure to show up, client will be charged for the appointment.

Unusual exceptions may be considered.

### Progress Review:

During the course of your therapy, you and your therapist will periodically review what progress has been made, what goals have been achieved, and what issues may need further work. Together we will determine if more counselling or therapy sessions are indicated, revise goals, and adjust the frequency of future visits.

### DISCLAIMER

Aditya Birla Education Trust hereinafter referred as "Mpower" (and which expression shall mean and include its trustees, officers, employees, agents or any of its representatives) shall take all reasonable care in conducting its activities which are a part of Mpower's programme.

Mpower accepts no responsibility of any nature whatsoever for any injury, damage or loss caused during the course of its activities to any of its Clients. Mpower does not take any responsibility towards personal safety of its Clients. Clients must at all times take care of their own personal safety. The client and/or his/her parents/ guardian warrants and certifies that:-

- (a) Client/guardian is fully responsible for the safety and care of the Client during his/her visit at Mpower;
- (b) Client is not currently injured or is not undergoing any other medical or rehabilitation programme elsewhere or has any medical history that is recurring in nature that might affect him/her during his/her visit at Mpower;
- (c) In case of any physical difficulty or injury to the Client, the Client/guardian of the Client will immediately inform the facilitator and/or attendant of Mpower.

The Client and/or his or her parent/guardian agrees to accept full responsibility for Mpower's actions while using these facilities provided by Mpower. Client and/or his or her parent/guardian agrees that Client's participation is entirely at his/her risk and further agrees that Mpower shall not be liable for any personal injury, loss or damage caused to the Client during his/her visit to Mpower.

The Client acknowledges that the referral to the Centre can be made by parents, guardian of the Client, General Practitioners or any other care givers of the Client.

The Client and/or his or her parent/guardian agrees that the Personal Information or Sensitive Personal Information as provided by him/her has been submitted in the registration form with his/her express consent.

The Client and/or his or her parent/guardian acknowledges and permits Mpower to retain such information for the purpose of analysing and studying the case of the Client or for further use for research study.

The Client shall expressly give his/her consent without having being subjected to coercion, undue influence or intimidation to undertake the treatment at Mpower, after adequately understanding and considering the information and procedure for undergoing the treatment along with an understanding of anticipated risks involved, if any. Hence, the Client shall not hold Mpower liable for any act or omission which shall directly or indirectly affect the health of the Client.

If the referral has been made by an outside agency, do the Parents/Legal Guardians who have parental responsibility consent to this referral?  Yes  No

Parent/ Guardian Consent:

I ..... Parent/ legal guardian of .....hereby declare that all information or details provided by me are accurate/verified and true to the best of my knowledge. I also give my consent to the MPOWER professionals to use this information for therapeutic assessments and intervention the Client

Signature of Parent/Guardian