

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 the information that you have available. Kindly attach any additional information that you feel will aid the referral process.

About the Child/Young Person

Form No: _____

Date: _____

Child/Young Person's Name: _____

Address: _____

Home Telephone No: _____

Date of Birth: _____ Child/Young Person's Mobile No: _____

Gender: _____ Nationality: _____ Language: _____

Name and address of the current nursery/school/college: _____

Telephone No: _____

Details of previous nurseries/schools/colleges attended:

| School | Location City/Country | Period Attended Month & Year |
|--------|-----------------------|------------------------------|
| | | |
| | | |
| | | |

Reason for Referral

- ▶ Please provide details of the concerns for which the referral is being made, including significant history (Kindly bring any relevant reports to the first appointment)

- ▶ Are any of the following a concern/risk for this child/young person (past or present)?
If yes, please tick the box and provide details

- | | | |
|---|---|--|
| <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Communication Problems | <input type="checkbox"/> Depression/Emotional Disorder |
| <input type="checkbox"/> Behavioural Difficulties | <input type="checkbox"/> Anxiety/Mood Disorder | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Alcohol/Drugs | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Others | | |

If others, please provide details: _____

▶ Please describe any safety concerns for the child/young person (If yes, please tick the box)

- | | | |
|--|--|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Family Conflicts | <input type="checkbox"/> Deliberate Self Harm |
| <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Others |

If others, please provide details: _____

▶ Birth Details & Perinatal Factors of the child (If yes, please tick the box)

- | | |
|--|---|
| <input type="checkbox"/> Biological | <input type="checkbox"/> C-Section/Application of Forceps or Vacuum |
| <input type="checkbox"/> Adopted | <input type="checkbox"/> Premature/Post Mature |
| <input type="checkbox"/> Full Term Normal Delivery | <input type="checkbox"/> Delayed Developmental Milestones |
| <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Medical Complications/Problems if any |
| <input type="checkbox"/> Immunisation | <input type="checkbox"/> Others |

If others, please provide details: _____

▶ Medical/Physical health history: Has the child/young person been suffering from any physical health concerns/prescribed any medication? If yes, summarise

▶ Please list other agencies/professionals currently involved/involved in the past with the child/young person/ family (For e.g. Paediatrician, Psychiatrists, Counsellors/Psychologists, Speech and Language Therapist, Occupational Therapist, Nutritionist, Others.)

About the Family

▶ Type of Family:

- Nuclear
 Joint
 Divorced
 Single Parent
 Blended

▶ Mother's Name: _____ Email ID: _____

Nationality: _____ Phone No: _____

Educational Qualification: _____

Occupation: _____

▶ **Father's Name:** _____ **Email ID:** _____
Nationality: _____ **Phone No:** _____
Educational Qualification: _____
Occupation: _____

If the Parents Are Not the Primary Caregivers

▶ **Guardian's Name:** _____ **Email ID:** _____
Nationality: _____ **Phone No:** _____
Educational Qualification: _____
Occupation: _____

Child/Young Person's Siblings:

| Name | Age | Nursery/School/College |
|------|-----|------------------------|
| | | |
| | | |
| | | |

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

Has the child/young person/ family been previously involved with Mpower?

About the Referrer

Name: _____

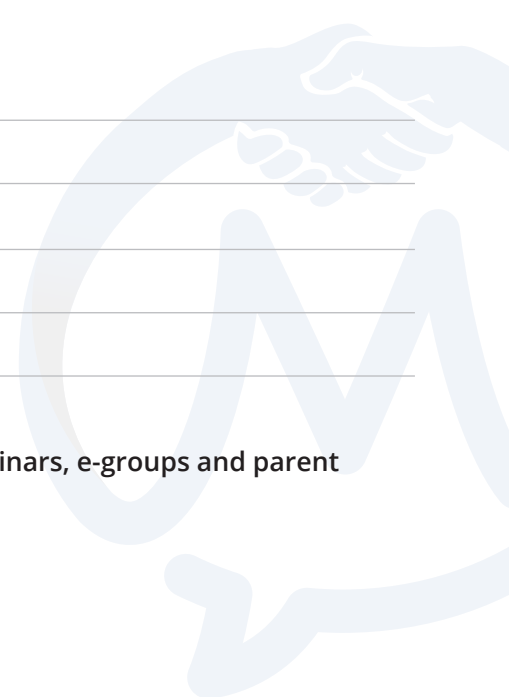
Profession: _____ **Telephone No:** _____

Address: _____

Relationship with the child/young person: _____

Would you like to be informed about Mpower workshops, programmes, seminars, e-groups and parent groups?

Yes No



Professional notes (for office use only)

POLICY FOR PARENTS/LEGAL GUARDIAN

Referral form

Once we receive the referral form, we will screen the referral form to check whether the child/young person for whom the referral has been made meets the inclusion criteria for Mpower centre. This is to make sure our team can provide the service that the child/young person requires. Following this we will be offering you 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 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 tend to 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, though we may not be able to extend the session time due to the next person's appointment.

Payment:

Parents/Legal Guardians are expected to pay the standard fee at 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 two payments in a row 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 shall be considered case specific.

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 hereafter referred to 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 where the Client is under eighteen (18) years of age, his/her guardian warrants and certifies that:-

- Client/guardian is fully responsible for the safety and care of the Client during his/her visit at MPOWER;
- 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;
- 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 agrees to accept full responsibility for MPOWER's actions while using the facilities provided by MPOWER. Client agrees that his/her 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, young persons, General Practitioners or any other care givers of the Client. Further, in case the Client is a minor i.e. below eighteen (18) years of age, the referral made to the Centre is however, subject to express consent of the guardian/ parents of the Client.

The Client 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 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.

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 in the best interest of my child.

Signature of Parent/Guardian