



Caring 4 Young Minds
Fostering Wisdom; Safeguarding Our Future
Charity No. 1214468

Introduction to Counselling with Caring 4 Young Minds

Caring 4 Young Minds is a local charity-based service offering therapeutic counselling for children and young people. They understand that seeking help can be a tough decision, especially when NHS services are hard to access due to long waiting lists.

Getting Started

Initial Step: Complete a comprehensive questionnaire to help determine if counselling is the right support for your child.

Purpose: The questionnaire gathers essential background and current concerns to tailor the support effectively.

Next Steps: Once submitted, the team will:

- Contact you with any follow-up questions
- Confirm a fee based on your household income

Counselling Sessions

- Initial Booking: 12 sessions
- Midway Review: At session 6, progress will be discussed and next steps considered
- Evidence-Based Approach: Change often begins around session 8, so the structure supports meaningful development

Pricing & Accessibility

Caring 4 Young Minds is committed to making counselling accessible to all families, regardless of income.

Sliding Scale Fees: Based on household income

You Choose: You're invited to select a contribution level that feels manageable

Confirmation: Your fee will be confirmed after your questionnaire is reviewed

Involving Your Child

It's important to inform your child about the questionnaire and involve them in the process if appropriate for their age and understanding.

The information you provide will be used in the initial counselling session.

A Note on the Questionnaire

It's designed for children and young people of all ages, so some questions may feel challenging. You're encouraged to share as much as you feel comfortable with.



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Client Reference	(Office to allocate)		
Today's date			
Parent / Carer details			
Full name			
Full address, including postcode			
Contact number			
Email address			
GP Surgery			
Where did you hear about us?			
Child's details			
Full name			
Date of Birth		Age	
Is your child Adopted?	YES / NO (If yes, a member of our team will contact you for further information)		
Gender / identity			
Pronouns			
Ethnicity			
Sliding Scale Fees: Based on household income You Choose: You're invited to select a contribution level that feels manageable			
Date and time of appt	Office to fill in and will confirm		
Venue and Counsellor	Office to fill in and will confirm		

Herne Bay, Kent
07394 517387
c4ym@protonmail.com
www.Caring4youngminds.com



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Are you happy for C4YM to share your contact details with the designated counsellor?	YES / NO
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- 1. Does your child have a diagnosed or provisionally diagnosed physical condition? If yes, please give details.**
- 2. Does your child have a diagnosed or provisionally diagnosed mental health condition? If yes, please give details**
- 3. Are there any concerns or indications that your child has Autism, ADD, Dyslexia or Dyspraxia?**
- 4. Is your child currently taking any prescribed medication for their mental health?**
- If yes please indicate:
 - The name of the medication
 - The mg & dose rate
 - How long have they been taking it?
 - Does it help
 - Is your child compliant in taking the medication?
- 5. What is the main concern that you / your child is looking for support with - Please feel free to write as much as you feel is necessary and use an additional sheet if needed.**



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6. How does this problem impact your child?

7. How does this impact on the rest of the family?

8. When did the problem start?

9. Where does the problem affect your child: Home, School, Other (please specify)

10. If the difficulty is at school - are the school supporting your child and if so, how:

11. What school does your child go to?

12. Does your child want to have therapy: Yes / No

13. Who lives with your child at home?

14. Does your child have friends?

15. Have there been any instances of bullying during their life? Yes / No if yes, please describe:



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16. Has your child experienced any significant events, such as divorce, separation, death of a loved one (person or animal), if so what was the event and when?

17. Is your child currently harming themselves in any way to help them to cope with their difficulties: if yes, please describe the harming and if no, please clarify if they have a history of harming themselves:

18. Does your child use any drugs or alcohol to help them to manage their difficulties: If yes, what do they use and how much:

19. Has your child had counselling before? If yes, please answer the following:

- When did they attend and for how long?
- Who did they see? (private counsellor / school counsellor / CAMHS)
- Why was help sought?
- Did your child find this useful? If no, why did they say it wasn't helpful?

20. What does your child enjoy?

20. Is there anything else that you think it would be of benefit for us to know:



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Who else in the family has any other mental health interventions?

Please circle the times that they will be available to come into the service:

Monday	9am	10am	11am	12noon	13pm	14pm	15.30pm	16.30pm	17.30pm	18.30pm
Tuesday	9am	10am	11am	12noon	13pm	14pm	15.30pm	16.30pm	17.30pm	18.30pm
Wednesday	9am	10am	11am	12noon	13pm	14pm	15.30pm	16.30pm	17.30pm	18.30pm
Thursday	9am	10am	11am	12noon	13pm	14pm	15.30pm	16.30pm	17.30pm	18.30pm
Friday	9am	10am	11am	12noon	13pm	14pm	15.30pm	16.30pm	17.30pm	18.30pm
Saturday	9am	10am	11am	12noon	13pm	14pm	15.00pm	16.0pm	17.00pm	18.00pm
Sunday	9am	10am	11am	12noon	13pm	14pm	15.00pm	16.00pm	17.00pm	18.00pm

Please return the completed form by email to
c4ym@protonmail.com