**Middlesex University Counselling and Mental Health Service**

**Call Back Request Form**

Please complete this form entirely.

Without ALL details, we will not be able to facilitate a call back.

|  |  |
| --- | --- |
| Name |  |
| Student number |  |
| Current address |  |
| Phone number |  |
| Reason for call back request |  |

|  |  |  |
| --- | --- | --- |
| GP Practise |  | |
| I consent for the Counselling and Mental Health team to liaise and share information with my GP and/or other healthcare professionals | | √ |

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| --- | --- | --- |
| Emergency contact (name and number) |  | |
| I consent for the Counselling and Mental Health team to liaise with my emergency contact on my behalf. | |  |