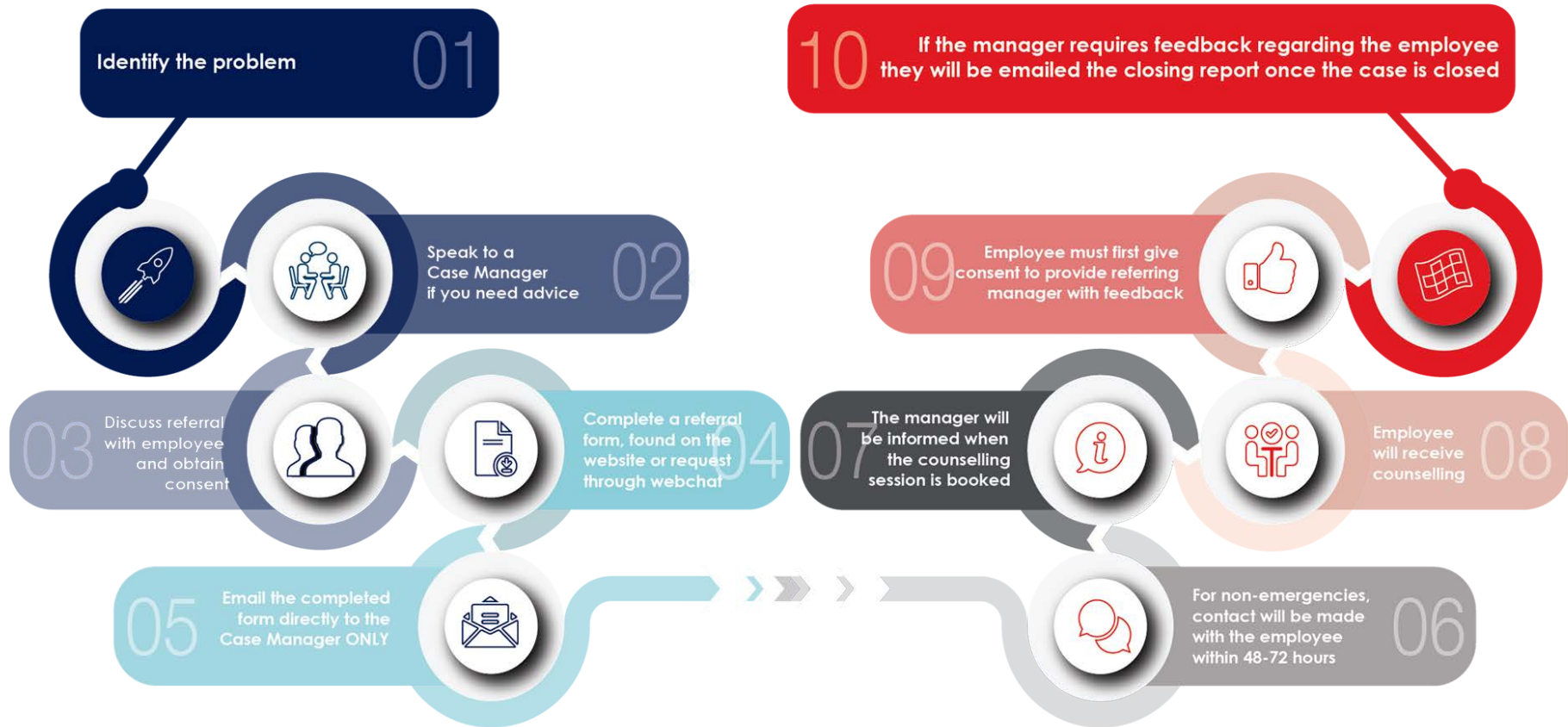


# Management referral for counselling services



## CONTACT DETAILS

Email: [info@momentumwellness.co.za](mailto:info@momentumwellness.co.za)

08002BWELL (0800229355)



## CONFIDENTIAL

### FORMAL REFERRAL OF AN EMPLOYEE TO THE WELLNESS PROGRAMME

Please ensure that you have discussed this referral in detail with the employee and received their consent before sending us this document.

Company name  Area  Work tel no.

#### Employee's details:

Full name  Department  Position   
Cell no.  Landline no.  Email address   
ID number  Geographical Location

#### Referring manager's details:

Name  Department  Position   
Cell no.  Landline no.  Email address

#### Please indicate if:

Has the employee consented to you making this referral? Yes  No  Do you require feedback? Yes  No

Please indicate is this is a COVID-19 related  Yes  No  referral:



To access the services call...

**0800 2 B WELL**  
**2 2 9355**

Select option 2 (Momentum Wellness) or option 4 (Momentum Health4Me) to access the service.

[www.momentumwellness.co.za](http://www.momentumwellness.co.za)

Please note that feedback is sent to you when we action the case and when we close the case. Should you require additional information from us please email us your request.

**Please select reasons for referral**

Long term mental health problem (C01)	<input type="checkbox"/>	Symptoms of mental health problem (C02)	<input type="checkbox"/>	Poor life skills (C03)	<input type="checkbox"/>
Low self esteem (C04)	<input type="checkbox"/>	Somatic symptoms (C05)	<input type="checkbox"/>	Anger management (C06)	<input type="checkbox"/>
Medical condition (C07)	<input type="checkbox"/>	Substance abuse (C08)	<input type="checkbox"/>	Relationship problems (spouse or partner) (C09)	<input type="checkbox"/>
Parenting issues (C10)	<input type="checkbox"/>	Divorce (C11)	<input type="checkbox"/>	Family disruption (C12)	<input type="checkbox"/>
Problems in other personal relationships (C13)	<input type="checkbox"/>	Life changing event (C14)	<input type="checkbox"/>	Financial stress (C15)	<input type="checkbox"/>
Legal issues (C16)	<input type="checkbox"/>	Stress at work (C17)	<input type="checkbox"/>	Personal stress (C18)	<input type="checkbox"/>
Trauma (C19)	<input type="checkbox"/>	Grief (C20)	<input type="checkbox"/>	Post-traumatic stress disorder (C21)	<input type="checkbox"/>
Adjustment issues to new context (C22)	<input type="checkbox"/>	Work relationship issues (C23)	<input type="checkbox"/>	Disciplinary hearing (C24)	<input type="checkbox"/>
Performance management (C25)	<input type="checkbox"/>	Termination of employment (C26)	<input type="checkbox"/>	Retrenchment (C27)	<input type="checkbox"/>
Retirement (C28)	<input type="checkbox"/>	Other work related (C29)	<input type="checkbox"/>	Other personal problems (C30)	<input type="checkbox"/>
Positive diagnosis of Corona Virus in self or significant other	<input type="checkbox"/>	Adjustment to caring for patient with corona virus	<input type="checkbox"/>	Difficult mood states related to Covid context	<input type="checkbox"/>
Fear of self or significant other contracting Corona Virus	<input type="checkbox"/>	Extreme anxiety related to possible consequences of Covid context	<input type="checkbox"/>	Addictive behaviours related to Covid context	<input type="checkbox"/>
Moderate to severe debt related to Covid context	<input type="checkbox"/>	Change of work role due to Covid context	<input type="checkbox"/>		

Please provide a detailed summary of the reason for referral. (The feedback report we send to you speaks directly to the information that you provide to us.)

In the case of a formal work referral please attach all formal documents and specify your expectation from this counselling process.



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Please indicate the interventions you would like us to make through counselling and your expectations from this referral (the feedback report we send you will speak directly to the expectations you indicate below)

Trauma counselling	<input type="checkbox"/>	Supportive counselling	<input type="checkbox"/>	Skills development	<input type="checkbox"/>	Psycho-education	<input type="checkbox"/>
Lifestyle management	<input type="checkbox"/>	Assessment and recommendation	<input type="checkbox"/>	HeartMath coaching	<input type="checkbox"/>	Self-development	<input type="checkbox"/>
Couple/ family therapy	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	General counselling	<input type="checkbox"/>	Coaching	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	Grief counselling	<input type="checkbox"/>	Performance assessment	<input type="checkbox"/>	Work related coaching	<input type="checkbox"/>
Parental guidance	<input type="checkbox"/>	Referral to other services	<input type="checkbox"/>	Anger management	<input type="checkbox"/>	Interpersonal skills development	<input type="checkbox"/>
Communication skills development	<input type="checkbox"/>	Support around a mental health/physical condition	<input type="checkbox"/>	Support around a new life context	<input type="checkbox"/>	You are unsure	<input type="checkbox"/>
Legal guidance	<input type="checkbox"/>	Financial guidance	<input type="checkbox"/>	Debt guidance	<input type="checkbox"/>	Medical direction	<input type="checkbox"/>

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Date
Authorising signature
Name & surname

Please note that the employee will be contacted by a counsellor within 48-72hrs after your referral has been submitted.  
 Email the referral form to: [bongekile@phelawellness.co.za](mailto:bongekile@phelawellness.co.za) and [owageng@phelawellness.co.za](mailto:owageng@phelawellness.co.za)



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If this is an emergency please ask the employee to access the call centre and report it as an emergency for immediate service.

**08002BWELL (0800 229 355)**



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