

## COUNSELLING REFERRAL FORM

Complete this form to access Counselling services in the Western Regions of Victoria: Ballarat, Hamilton, Warrnambool & Mildura.

### Client Details

Date of referral:

Client name:  Date of Birth:

Preferred pronoun:  She  He  They Contact Phone:

Address:

Parent/Guardian name:  Contact Phone:

Is it okay / safe to leave a voicemail?  Yes  No

Preferred time for us to ring?  No  Yes Details:

Language spoken at home:  Interpreter preferred:  Yes  No

Interpreter language:  Interpreter preferred:  Male  Female

Are you of Aboriginal or Torres Strait Islander decent?  Yes  No  Prefer not to say

### Referrer Details

Referrer name:  Referring agency:

Contact phone:  Email:

**Consent:** Has the client provided consent for this referral?  Yes  No

### Presenting Issues (Reason for Referral)

Briefly, what is the main concern / worry that would like to address?

### Client Goals for Counselling

What changes do you / the client want to achieve from counselling?

1.

2.

**Other services currently supporting you/the client**

List the service agency and type of support/role below.

Is the service/s going to continue?  Yes  No If 'No' state reason below

**Current Intervention / Court Orders**

Is there a current Intervention Order (IVO), application for IVO, or Family Court Orders in place?

**\* Copies of all IVO's AND application MUST be provided before an appointment is booked.**

No  Yes \*

**Service requested**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Counselling – Individual  | <input type="checkbox"/> Parent education         | <input type="checkbox"/> Family therapy |
| <input type="checkbox"/> Counselling – Couple / Relationship   | <input type="checkbox"/> Parenting program        | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Counselling – *Children/Adolescents<br><i>*Parent/carer participation<br/>in some sessions required</i> | <input type="checkbox"/> Self-development program |   |

**Safety**

**Do you have any immediate concerns for your safety, or the safety of anyone else?**

No  Yes

**Safety is our priority.**

Is it safe for us to contact you on your mobile number?  Yes  No

Is it safe for us to leave a voice mail message?  Yes  No

Is it safe for us to leave an sms message?  Yes  No

If no, please call 1300 303 988 to speak to an Intake Worker as soon as possible

**In an emergency, please call 000**

**Please forward referral to Intake email**

andrea.clarke@catholiccarevic.org.au

**For Referral queries please call 1300 303 988**