

Family Relationship Centre

34 Peel Street Nth, Ballarat VIC 3350 PO Box 2537, Bakery Hill VIC 3354 **T** 03 5327 7900 | **F** 03 5332 9549 ABN 51 857 084 361

COUNSELLING REFERRAL FORM

Complete this form to access Counselling services in the <u>Western Regions of Victoria</u>: Ballarat, Geelong, Mildura & Warrnambool.

Client Details Date of referral:		
Client name: Date of Birth:		
Gender:		
☐ I use a different term ☐ I prefer not to say		
Address:		
Parent/Guardian name: Contact Phone:		
Is it okay / safe to leave a voicemail? ☐ Yes ☐ No		
Preferred time for us to ring?		
Language spoken at home: Interpreter preferred: Yes No		
Interpreter language: Interpreter preferred: Male Female		
Are you of Aboriginal or Torres Strait Islander decent?		
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 you would like to address?		
Client Goals for Counselling		
What changes do you / the client want to achieve from counselling?		
1.		
2.		



Family Relationship Centre

34 Peel Street Nth, Ballarat VIC 3350 PO Box 2537, Bakery Hill VIC 3354 **T** 03 5327 7900 | **F** 03 5332 9549 ABN 51 857 084 361

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 'N	lo' state reason below	
Current Intervention / Court Orders		
* Copies of all IVO's AND application MUST be provided before an appo	·	
□ No □ Yes * Details:		
Service requested		
☐ Counselling – Individual ☐ Family Therapy		
☐ Counselling – Couple / Relationship ☐ Other		
Counselling – *Children/Adolescents *Parent/carer participation in some sessions required		
Safety		
Do you have any immediate concerns for your safety, or the safety of anyone else?		
□ No □ Yes Details:		
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		

andrea.clarke@catholiccarevic.org.au

For Referral queries please call 1300 303 988

Please forward referral to Intake email