

## GENERALIST COUNSELLOR REFERRAL FORM

Referral Date:

<b>Person Making Referral</b>			
Name:			
Position:			
Organisation:			
Contact Number:			
Email Address:			
Preferred Method of Feedback:	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	No Feedback <input type="checkbox"/>

<b>Client's Details</b>	
Name:	
Date of Birth:	
Address:	
Home Address (if different):	Preferred contact?
Home Phone:	<input type="checkbox"/>
Mobile Phone:	<input type="checkbox"/>
Email:	<input type="checkbox"/>
Can we leave a message?	Voice (Mob) <input type="checkbox"/> SMS <input type="checkbox"/> Voice (Home) <input type="checkbox"/>
Best time of day to contact?	AM <input type="checkbox"/> PM <input type="checkbox"/> Notes:
Previous counselling details:	

Is there any current or previous domestic violence?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<i>If yes, please briefly describe</i>		

<b>Do you have immediate concerns for the safety of this client or her children? If yes please note any action taken</b>		<b>No</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>
<i>If yes, please briefly describe</i>					
<b>Are you aware of any history of sexual assault? (eg. adult survivor of CSA, child victim of CSA or adult sexual assault survivor)</b>		<b>No</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>
<i>If yes, please briefly describe</i>					
<b>Is there any intention or history of self harm? (eg. cutting, eating disorders, intentional overdose, suicide attempts)</b>		<b>No</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>
<i>If yes, please briefly describe</i>					
<b>Is she currently involved with any other support services? (eg. FaCS, Mental Health, Women's Housing)</b>		<b>No</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>
<i>If yes, please briefly describe</i>					

<b>Reason for referral and other areas of concern</b>

**Australian Privacy Principle # 5: Notification of the collection of personal information**

I have notified the client regarding the nature of the information disclosed on this form and the client is fully aware of this referral.

**Signature of referrer:** ..... **Date:** .... / .... / .....