

COUNSELLING REFERRAL FORM

CLIENT DETAILS

Name:	DOB:
Phone (M):	Phone (H):
Address:	
Email:	
Male <input type="checkbox"/> Female <input type="checkbox"/> non-Binary <input type="checkbox"/> (please specify) _____	Language:
Preferred contact method: Phone <input type="checkbox"/> Text/SMS <input type="checkbox"/> Email <input type="checkbox"/>	
Does the client have any disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Is the client a carer for a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Aboriginal and/ or Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/> Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is referral for a child in the care of the CEO? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	

REFERRAL

Name of person making referral:	
Agency referral <input type="checkbox"/>	Self-referral <input type="checkbox"/>
Email	Mobile/PH:
Is counselling a mandatory requirement? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Reason for referral			
List any safety/risk factors			
Suicide/Self harm <input type="checkbox"/>	Drug/Alcohol <input type="checkbox"/>	Child Sexual Abuse <input type="checkbox"/>	Redress <input type="checkbox"/>
Family violence <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Grief/Loss <input type="checkbox"/>	Northam YP FDV <input type="checkbox"/>

SIGNATURES – I UNDERSTAND AND GIVE CONSENT TO THE REFERRAL

Referred Person Name	
Name of parent or legal guardian if child under 18	
Signature	DATE:

Please attach any relevant supporting documents with this referral and send to Yorgum via the options listed below:

By Email	By Post
Scan and email the completed form and supporting documents to referrals@yorgum.org.au	Yorgum Healing Services PO Box 236 Northbridge WA 6854

Call 1800 469 371 any queries or visit us at 176 Wittenoom Street, East Perth WA 6004

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