



## Therapeutic Counselling Referral Form

Therapeutic Counselling is available Monday to Friday from 10 am to 4 pm, by appointment only.

REFERRAL DETAILS	
<b>Referral Date:</b>	<b>Referral Type:</b> SELF      INTERNAL      EXTERNAL
<b>Referrer Details:</b> Full Name: EMH Department/ Organisation: Contact Number: Email address:	<b>Priority:</b> Immediate support needed Urgent Moderate need <b>Risk of harm:</b> YES      NO
CLIENT DETAILS	
First Name:	Surname:
Date of Birth:	Pronouns:
<b>Aboriginality:</b> Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Unknown	<b>Client Contact Information:</b> Email: Phone: Primary Address:
<b>Family Constellation:</b> Single      Married      Dependents	<b>Details:</b> (if necessary)
CLIENT SAFETY/ RISK CONCERNS	
<b>Current client safety:</b> Immediate risk to safety Children at risk Historic abuse, no current safety concerns	<b>Client contact:</b> Is it safe to text? YES      NO Is it safe to call? YES      NO Is it safe to leave a message? YES      NO
NEXT OF KIN/ EMERGENCY CONTACT	
Name: Relationship: Contact Number:	Consent to contact in case of an emergency : YES      NO

COUNSELLING DETAILS	
<b>Preferred Counselling Location:</b> Phone Zoom Online video In-person at Northcote Hub In-person at Refuge	<b>Preferred day (s) of the week for counselling sessions:</b> Monday                      Thursday Tuesday                      Friday Wednesday                      Any day of the week
SUPPORT NEEDED	
<b>Family Violence</b>	<b>Grief &amp; Loss</b>
<b>Emotional Wellbeing</b>	<b>Trauma</b>
<b>Kinship Care</b>	<b>Homelessness</b>
<b>Other</b> <i>Please specify:</i>	
SUPPORT NETWORK	
Service type: Support worker: Contact Number: Email address:	<b>Other:</b>
ADDITIONAL INFORMATION	

Please email the completed referral form to [counselling@emhaws.org.au](mailto:counselling@emhaws.org.au)

<b>Therapeutic Services - office use only</b>	
<b>Client consent &amp; confidentiality agreement:</b>	
<ul style="list-style-type: none"> <li>▪ A copy of the agreement has been emailed directly to the client                      YES      NO</li> <li>▪ Client gave <b>verbal consent</b> to receive Therapeutic Counselling support:    YES</li> <li>▪ Client gave <b>written consent</b> to receive Therapeutic Counselling support:    YES</li> </ul>	
Referral accepted YES      NO	Date:
	Allocated Counsellor: