

Referral Form

Counselling and Casework

1. Referrer details

Date:	
Referrer name:	
Agency:	
Phone:	
Email address:	

2. Client details

Name:	
Date of Birth:	
Phone number:	
Can message be left?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, alternate number:
Email address:	
Can mail be sent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Street: Suburb: Postcode:
Interpreter needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital Status: (Single, Married, Divorced etc.)	

Dependent children	
Are there any barriers to client accessing this service other than language?	

3. Reason for referral

Please answer the following questions to assist the Counselling & Casework team in processing the referral in an adequate and timely manner.

What is the referral for?	Mainly Counselling <input type="checkbox"/> Mainly Casework <input type="checkbox"/> Both Counselling & Casework <input type="checkbox"/>
What is the main reason for referral?	
What effect is the issue/s having on the client's life?	

What is the client hoping to get out of counselling/casework? What is the expectation?

Is there other background information that is important to know to understand the client's situation?

Consider client's history, family situation, cultural/religious background, mental and physical health, social and occupational functioning etc.

Does the client currently have a Mental Health Plan?

Yes No

4. Current supports/carers

Agency	Role	Contact person	Contact details

5. Risk issues

Does the person’s current situation impact on their safety or wellbeing or that of anyone they care for or live with?

Email completed referral forms to intake@nrch.com.au.

OFFICE USE ONLY – CCWP Team

Date received & by: _____

Comment: _____

Further Action & by: _____