

COUNSELLING REFERRAL FORM [\[Ctrl click to download Counselling - CatholicCare Victoria\]](#)

Complete this form to access CatholicCare Victoria Counselling services.

Client Details

Date of referral:

Client name: Date of Birth:

Gender: Male Female Non-binary I use a different term I prefer not to say
Contact Phone:

Address:

Parent/Guardian name: Contact Phone:

Is it okay / safe to leave a voicemail? Yes No

Preferred time for us to ring? No Yes Details:

Language spoken at home: Interpreter preferred: Yes No

Interpreter language: Interpreter preferred: Male Female

Are you of Aboriginal or Torres Strait Islander decent? Yes No Prefer not to say

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?

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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 'No' state reason below

Current Intervention / Court Orders

Is there a current Intervention Order (IVO), application for IVO, or Family Court Orders in place?

*** Copies of all IVO's AND application MUST be provided before an appointment is booked.**

No Yes *

Details:

Counselling service requested

- Individual Couple / Relationship *Children/Adolescents
**Parent/carer participation in some sessions required*
- Family Therapy

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 1800 123 228 to speak to an Intake Worker as soon as possible

In an emergency, please call 000

Please forward referral to Counselling Intake email

carsintake@catholiccarevic.org.au

For counselling referral queries please call

1800 123 228