Family Counselling Referral Form

Client Details	
Full name:	Date of birth:
Home phone:	Mobile:
Email:	Gender identity: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say ☐ Other:
Address:	Is the client of Aboriginal or Torres Strait Islander origin? ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ No ☐ Prefer not to say
Country of birth:	Interpreter required: ☐ Yes ☐ No Language required:
Alternative contact person:	Relationship to client:
Phone number:	Relationship status:
Other relevant client details (with permission from client to share):	
Other people in your household:	

Name	Date of birth	Relationship

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Client History and Wellbeing

Does the client have a history of:

- ☐ Legal offences
- ☐ Illegal substance abuse
- ☐ Victim of abuse
- ☐ Past or present contact with DCP
- ☐ Harm or threat to self or others
- ☐ Perpetrator of abuse
- ☐ Other (please provide details below)

Please provide further details of the above:

Please provide details of any diagnosed medical or health conditions (e.g. mental and physical health, disability, or current medications):

Please provide details of any other factors that are currently impacting client? (e.g. finances or housing)

Primary reason for referral:

- ☐ Referral and advocacy to specialist services
- ☐ Counselling for problems in primary relationship
- ☐ Counselling for problems in other relationships
- ☐ Improving family relationships
- ☐ Increase skills and knowledge in communication

Please provide further details of the above:

What goals and outcomes does the client hope to achieve?

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Referrer Details	
Full name of referrer:	Agency/organisation:
Phone number:	Email:
Have you obtained consent to refer this client? ☐ Yes ☐ No	

Please submit this completed referral form to mfr@unitingsa.com.au.

For any enquiries please contact: (08) 8440 2299

Please be aware that submitting a referral does not guarantee acceptance into the program.

Referrals will be responded to within 5 working days. If accepted, contact will be made with the referred client within 10 working days.

Thank you.