



## COUNSELLING SERVICE REFERRAL FORM

<b>Client Name:</b>	<b>D.O.B</b>	
<b>Address:</b>		
<b>Do all legal guardians agree to child receiving counselling</b> <b>Yes</b> <b>No</b>		
<b>Mother's Name: (if client is under 18yrs)</b>	<b>D.O.B</b>	
<b>Address:</b>		
<b>Contact Number:</b>		
<b>Email:</b>		
<b>Father's Name: (if client is under 18yrs)</b>	<b>D.O.B</b>	
<b>Address:</b>		
<b>Contact Number:</b>		
<b>Email:</b>		
<b>Caregiver's Name: (if client is under 18yrs)</b>	<b>D.O.B</b>	
<b>Address:</b>		
<b>Contact Number:</b>		
<b>Email:</b>		
<b>Referrer Details</b>		
<b>Name:</b>	<b>Agency:</b>	<b>Contact No:</b>
<b>Have you informed the client the referral has been made</b> <b>Yes</b> <b>No</b>		



**Reason for referral:**

  
  

**Type of counselling requested: Child, Youth, Family, Couple, or Adult**

**Any safety or legal issues?**

**Legal orders in place: -**

	Yes	No	Please Specify
Custody Orders			
Parenting Orders			
Court appointed access			
Protection Orders			
Trespass Orders			
Other			

**Please provide more information about the client:**

- Oranga Tamariki has been involved in the past	Yes	No
- Oranga Tamariki currently involved	Yes	No
- Experienced family violence	Yes	No
- Alcohol or substance abuse	Yes	No
- Parenting concerns	Yes	No
- Mental health issues	Yes	No
- Used Home and Family services in the past	Yes	No

**OTHER MAIN CAREGIVERS/PROFESSIONALS/AGENCIES INVOLVED:**

Name	Role/Agency	Phone



**Administration Use Only**

**Enquiry date :**

**Waitlisted :**

**Date How We Work sent:**

**Date contact made with Referrer:**

**Date contact made with Client:  
Client preference for time/days -**

**Session Fee:**

**Contract:**

**Counsellor:**

**First session date and time:**

**Uploaded to Exess**