

Counselling Service Referral Form



Please complete and return this form to michelle@homeandfamily.net.nz

Client Name:	D.O.B:
Address:	
Do all legal guardians agree to child receiving counselling	YES NO
Mother's Name: (If client is under 18 yrs)	D.O.B:
Address:	
Contact Number:	
Email address:	
Father's Name: (If client is under 18 yrs)	D.O.B:
Address:	
Contact Number:	
Email address:	
Caregiver's Name: (If client is under 18 yrs)	D.O.B:
Address:	
Contact Number:	
Email address:	
Referral Details	
Name:	Agency:
Contact Number:	
Have you informed the client the referral has been made	YES NO
Reason for referral:	

Counselling Service Referral Form Continued

Any safety or legal issues?:

Legal orders in place:

Custody orders: **YES / NO**

Parenting orders: **YES / NO**

Court appointed access: **YES / NO**

Protection orders: **YES / NO**

Trespass orders: **YES / NO**

Other (Please specify):

Referrer or Counsellor to complete:

Please provide more information about the client/and or family:

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 & 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: