



# Referral Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Pronoun/s: \_\_\_\_\_

**Have you attended counselling before?**

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**What brings you to counselling today?**

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**What changes would you like to see by attending counselling?**

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**What are your current support systems in place? (e.g. Dr, Psychiatrist, support co-ordinator, support worker, family friends)**

Please note, a support person can attend counselling sessions with you at Brook RED, with your consent

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**Email to:** [emmaf@brookred.org.au](mailto:emmaf@brookred.org.au)