|  |  |  |
| --- | --- | --- |
| **Date of Referral** Click or tap to enter a date. |  |  |

**Support Required:**

**Family Therapy** [ ]  **Individual Therapy** [ ]  **DBT Individual** [ ]

**DBT Individual and Group** [ ]  **Assessments** [ ]  **Tele Health** [ ]

**Details of Primary Parent / Carer**

**Details of Secondary Primary Parent / Carer**

|  |  |  |
| --- | --- | --- |
| **Full Name** Click or tap here to enter text.**Street Address** Click or tap here to enter text.**Suburb/Postcode** Click or tap here to enter text.**Date of Birth** Click or tap here to enter text.**Phone** Click or tap here to enter text. |  | **Relationship** Choose an item.**Employment Status** Choose an item. **Country of Birth** Click or tap here to enter text.**Identify As** Choose an item.**Disability** Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Full Name** Click or tap here to enter text.**Street Address** Click or tap here to enter text.**Suburb/Postcode** Click or tap here to enter text.**Date of Birth** Click or tap here to enter text.**Phone** Click or tap here to enter text. |  | **Relationship** Choose an item.**Employment Status** Choose an item. **Country of Birth** Click or tap here to enter text.**Identify As** Choose an item.**Disability** Click or tap here to enter text. |

**Details of Children**

|  |  |  |
| --- | --- | --- |
| **1. Full Name** Click or tap here to enter text.**Date of Birth** Click or tap here to enter text.**Gender** Choose an item.**Diagnosis** Click or tap here to enter text.**NDIS** Click or tap here to enter text. |  | **Address** Choose an item.**Country of Birth** Click or tap here to enter text.**Identify As** Choose an item.**Disability** Click or tap here to enter text. |
| **2. Full Name** Click or tap here to enter text.**Date of Birth** Click or tap here to enter text.**Gender** Choose an item.**Diagnosis** Click or tap here to enter text.**NDIS** Click or tap here to enter text. |  | **Address** Choose an item.**Country of Birth** Click or tap here to enter text.**Identify As** Choose an item.**Disability** Click or tap here to enter text. |
| **3. Full Name** Click or tap here to enter text.**Date of Birth** Click or tap here to enter text.**Gender** Choose an item.**Diagnosis** Click or tap here to enter text. |  | **Address** Choose an item.**Country of Birth** Click or tap here to enter text.**Identify As** Choose an item.**Disability** Click or tap here to enter text. |
| **NDIS** Click or tap here to enter text.**4. Full Name** Click or tap here to enter text.**Date of Birth** Click or tap here to enter text.**Gender** Choose an item.**Diagnosis** Click or tap here to enter text. |  | **Address** Choose an item.**Country of Birth** Click or tap here to enter text.**Identify As** Choose an item.**Disability** Click or tap here to enter text. |

 **NDIS** Click or tap here to enter text.

**Additional Children (Name and DOB)**

Click or tap here to enter text.

**Safety and Violence \* *Please note if not an issue or unknown***

*Past or current DV, self-harm, sexual/physical/psychological/financial, neglect, police inv, AVO’s, court dates*

Click or tap here to enter text.

**Physical and Mental Health \* *Please note if not an issue or unknown***

*Physical or MH diagnoses, disabilities, NDIS, medications, treated/untreated, health issues, AOD, suicidality*

Click or tap here to enter text.

**Housing and Financial \* *Please note if not an issue or unknown***

*Housing/homelessness, Centrelink status, employment, debts, food, clothing, bills, furniture*

Click or tap here to enter text.

**Family and Children** **\* *Please note if not an issue or unknown***

*Family relationships, conflict, family breakdown, mediation/legal, behaviour issues, parenting, pregnancy/newborn*

Click or tap here to enter text.

**Other Services and Support (Current & Previous) \* *Please note if not an issue or unknown***

*Current and past service involvement, support from church, family or friends – highly supported or isolated*?
Click or tap here to enter text.

**Additional Information**

*Any additional information*

Click or tap here to enter text.

**Referrer Details**

|  |  |  |
| --- | --- | --- |
| **Referrers Name** Click or tap here to enter text.**Organisation** Click or tap here to enter text.**Role** Click or tap here to enter text. |  | **Phone** Click or tap here to enter text.**Email** Click or tap here to enter text. **Feedback Preferences** Choose an item. |

***Please email completed form to*** ***coolheadedcounselling@outlook.com.au***