

Counselling Referral Form

Please use this form to refer to Phoenix Counselling. If you use your own referral template, please attach it below and submit to us for processing. Phone or email us if you have any issues with this form: Counselling.Phoenix@gmail.com or 0497 912 009.

Referral Source

Name of Person Referring

First Name Last Name

Person Referring Phone Number

Mobile or landline/business number

Person Referring Email Address

example@example.com

Referring Organisation

If applicable

Referral Date

Day Month Year

Patient Name

First Name Last Name

Patient Phone Number

Direct line (e.g., mobile) preferred

Patient Email Address

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Patients Emergency Contact Name

Name and Relationship

Patient Emergency Contact Number

Medicare #

Private Health Insurance Company

Name of Insured

First Name

Last Name

Policy #

Name of Primary Physician

First Name

Last Name

Phone Number

Other Health Professional Involved (if any)

First Name

Last Name

Phone Number

Diagnosis

Services Requested

Depression

Anxiety

Trauma

Couples/Relationship Counselling

EAP

Career Counselling

Self Esteem/Confidence

Time Management/Setting Goals

Motivation

Specify Needs as required

Privacy Statement

Phoenix Counselling values your privacy and assures you we will never give or sell your personal information to any third parties. All personal information you provide on our web site (i.e.: name, address, email address and telephone number) will be kept confidential and will only be used to provide services with Phoenix Counselling.