



Referral Form

Please complete this form to refer a client to YOU&I Counselling.

1 CLIENT DETAILS

Name:

D.O.B:

Phone:

Email:

Address:

Preferred Contact Method: ☐ Phone ☐ Email ☐ SMS

2 CLIENT DETAILS

Referrer Name:

Organisation:

Role / Relationship to Client:

Phone:

Email:

3 REASON FOR REFERRAL

Briefly describe the reason for the referral and the main areas where

4 COUNSELLING GOALS

- | | |
|---|---|
| ☐ Anxiety/stress | ☐ Motivation /Goal setting |
| ☐ Emotional regulation | ☐ Life Transition |
| ☐ Confidence / Self-esteem | ☐ Social Connection |
| ☐ Relationship | ☐ Personal Development |
| ☐ Grief / Loss | ☐ Other <input type="text"/> |

5 SERVICE INFORMATION

- Preferred Delivery** ☐ Telehealth Counselling
- ☐ Gaming-informed Therapy
- ☐ Unsure / To Be Discussed
- Funding Type:** ☐ Private
- ☐ NDIS Funding
- ☐ Unsure / To Be Discussed

6 CONSENT

Has the client, parent/guardian or authorised nominee consented to this referral? ☐ Yes ☐ No

Name of person providing consent:

Relationship to client: Date: