



# Referral Form

Still I Rise Counselling – Telehealth Only

Website: Still I Rise Counselling

Phone: 0492 000 744 | Email: danielle.stillrise@outlook.com

**Referrer Name / Service**

**Practice**

**Phone**

**Email**

## Client Details

**Client Name**

**Date of Birth**

**Phone**

**Email**

## Presenting Issues

Anxiety

Depression

Trauma / PTSD

Domestic / Family Violence

Grief & Loss

Relationship Difficulties



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## Risk & Safety Assessment

Current suicidal ideation

History of self-harm

Active plan or intent

Recent suicide attempt

Current DV safety concerns

Children at risk or exposed

## Risk / Safety Notes

## Additional Information

Referrer would like feedback regarding this referral

Client consent obtained to share this referral

**Referrer Signature**

**Date**