Mark Roussel Counselling

B.TH., M. Counselling

15 Barron Parade, Joondalup WA 6027

[mroussel@iinet.net.au](mailto:mroussel@iinet.net.au)

0478 625 473

ABN: 49836629454

Professional Registration: Psychotherapy and Counselling Federation of Australia (PACFA)

Generalist Counselling Referral Form

**RelationshipCounselling/FamilyCounselling/ParentingAdolescents/Bereavement/Problem Gambling/Work Stress and Workplace Dynamics/Supporting Victims of Domestic Violence/Anxiety/Depression/Stress/Conversations around life and work transition/Aging/Mental Health and other general counselling issues.**

|  |
| --- |
| **Referral Date:** |
| **Person making referral:** |
| **Position:** |
| **Organisation:** |
| **Contact number:** |
| **Email address: Circle Feedback Method: Phone/Email/None?** |

|  |
| --- |
| **Client Details:** |
| **Name:** |
| **Date of Birth:** |
| **Address:** |
| **Home Phone: Mobile: Email:** |
| **OK to leave a message? No/Yes** |

**Are there any concerns for the safety of this client or children such as domestic violence or other abuse/risk issues? *If Yes, briefly describe*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Is the client currently involved with other support services? (eg. Psychologist or Mental Health) *If yes, briefly describe***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reason for referral and other areas of concern**:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Information contained in this referral is confidential.**

**Australian Privacy Principle # 5: Notification of the collection of personal information (Privacy Act 1988). By signing the form the referrer is stating that the client is fully aware of the information in this form and aware of the referral made to Mark Roussel Counselling.**

**Signature of the referrer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**