

Workbridge Counselling Services

Professional Counselling Referral Form



Please complete form and email to

helen@workbridge.asn.au

or fax to 9738 8099

Phone Helen on: 0409 616 398

REFERRAL DETAILS

Referral Date _____

Contact Name _____ Contact Number _____ Organisation Name _____

Client Name: _____
(First) (Last)

Address: _____ Suburb: _____ P/code _____

Birth Date: ____/____/____ Age: ____ Gender: Male Female

Home Phone: (____) _____ Mobile Phone: _____

How did you find our services? Website Newspaper Brochure Other

NUMBER OF SESSIONS REQUIRED (Please circle) 6 12 OTHER

WHAT TYPE OF COUNSELLING IS REQUIRED?

Alcohol/Substance Abuse	Yes / No	Motivation	Yes / No
Anger Management	Yes / No	Obesity	Yes / No
Anxiety	Yes / No	Obsessive Compulsive Behaviour	Yes / No
Career Planning	Yes / No	Pain Management	Yes / No
Depression	Yes / No	Relationships	Yes / No
Disability & Illness	Yes / No	Self Esteem and Confidence	Yes / No
Domestic Violence	Yes / No	Workplace Stress	Yes / No
Mental Health Issues	Yes / No	Work Preparation	Yes / No
Other / Comments			

Admin Use Only:

Referral Recorded Yes Referral No _____ Date _____ Staff Notified

Appointment made Yes Staff Initial _____ Invoice Created Yes Date _____

Lilydale Office - 211 Main St, Lilydale VIC 3140 - 03 9738 8000

Rowville Office - 11 / 5 Kelleetts Rd, Rowville VIC 3178 - 03 9764 1274

Emerald Office - 341 Belgrave Gembrook Road Vic 3781 - 0409 616 398

Box Hill Office - Level 1, Suite 8, 532 Station Street, Box Hill 3128 - 0409 616 398

Healesville Office - Living and Learning Centre, 1 Badger Creek Road, Healesville 3777- 0409 616 398

Warburton Office - Warburton Business Incubator - 21 Woods Point Road, Warburton, 3799- 0409 616 398