

Dunedin Counselling Service Referral Form



anglicanfamilycare
manaaki whānau

Date: _____ Referred By: _____

Agency/Service: _____

Phone: _____ Email: _____

Client Details

Name: _____ DOB: _____

Address: _____

Phone: _____ Mobile: _____

Ethnicity/Iwi Affiliation: _____

Children (Names & Ages): _____

Family Consent to Referral (please tick)

What are the issues that you think the Counselling service can address?

Other Agencies involved:

Please forward to: The Counselling Service, Anglican Family Care
266 Hanover Street
Dunedin 9016

Please don't hesitate to phone or email to further discuss this referral
Phone (03) 477 0801, Fax (03) 477 0888, Email counselling@familycare.co.nz