

# Counselling Service

## South Otago Referral Form



Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Agency/Service: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Client Details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity/Iwi Affiliation: \_\_\_\_\_ First Language: \_\_\_\_\_

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 either by email to [CounsellingSouthOtago@FamilyCare.org.nz](mailto:CounsellingSouthOtago@FamilyCare.org.nz) or by mail to:

South Otago Team Leader  
Anglican Family Care  
13 High Street  
Balclutha 9230

Please feel free to phone or email to discuss this referral with us further:

Phone: (03) 418 2530 or 0800 FAM CARE Fax: (03) 418 2531

Email: [CounsellingSouthOtago@FamilyCare.org.nz](mailto:CounsellingSouthOtago@FamilyCare.org.nz)