

Counselling Service

South Otago Referral Form



Date: _____ Referred By: _____

Agency/Service: _____

Phone: _____ Email: _____

Client Details

Name: _____ DOB: _____

Address: _____ Postcode: _____

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 either by email to CounsellingSouthOtago@FamilyCare.org.nz or by mail to:

Jackie Greenall
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