



Referral Form – Telehealth Counselling Services

Please complete the sections you are able to. Clients will be contacted directly to confirm details.

Referrer Details	
Name and Role/Position:	
Organisation/Service:	
Phone:	
Email:	
Preferred contact method and best times to contact:	

Client Details	
Client full name:	
Preferred name:	
Pronouns:	
Date of birth:	
Phone:	
Email:	
Client communication preferences:	☐ Email ☐ SMS ☐ Phone Call
Parent/guardian name (if client is under 16 years old):	
Parent/guardian contact:	

**Reason for referral****Client goals (if known)****Appointment day/time preferences**☐ Wednesday – Morning
(9am – 12pm)☐ Thursday – Morning
(9am – 12pm)☐ Friday – Morning (9am
– 12pm)☐ Saturday – Morning
(9am – 12pm)☐ Wednesday –
Afternoon (12pm – 4pm)☐ Thursday – Afternoon
(12pm – 4pm)☐ Friday – Afternoon
(12pm – 4pm)☐ Saturday – Afternoon
(12pm – 4pm)☐ Thursday – Evening
(4pm – 8pm)☐ Friday – Evening
(4pm – 8pm)☐ No preference/client is flexible**Funding Type**☐ Medicare☐ NDIS (please complete Funding Details – NDIS below)☐ Private Health



Funding Details – NDIS

NDIS Number:	
NDIS Plan Dates:	
NDIS Plan Goals (if known):	
Plan Management Type:	☐ Self-Managed (invoices will be sent directly to the client or their parent/guardian) ☐ Plan Managed
Plan Manager Details (if applicable):	Plan Manager Organisation: _____ Email for Invoices: _____
Support Coordinator (if applicable):	Name: _____ Organisation: _____ Contact: _____

Risk and Safety Considerations

Only include information necessary for safe service delivery. If unsure, leave blank and this will be discussed during intake.

Current risks (including risk of harm to self, risk of harm to others or risk of harm from others):	
Supports already in place (services, informal supports and protective factors):	



Crisis plan (if any):

Consent for referral

- ☐ I confirm the client (or guardian) has consented to this referral.
- ☐ I confirm the client understands Finding Glimmers may contact them directly to offer an appointment.

Signed: _____