



Referral Form

Date: _____

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____ DOB: ____/____/____

Gender: _____ Pronoun/s: _____

Have you attended counselling before?

What brings you to counselling today?

What changes would you like to see by attending counselling?

What are your current support systems in place? (e.g. Dr, Psychiatrist, support co-ordinator, support worker, family friends)

Please note, a support person can attend counselling sessions with you at Brook RED, with your consent

Email to: counselling@brookred.org.au