



UPPER HUNTER COMMUNITY
 SERVICES Inc ABN 43 184 121 458
 PO Box 231 Muswellbrook NSW 2336
 Phone: 02 6542 3555

Counselling Referral

Date: _____ Information taken by: _____

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

Family Details:

First Name	Surname	M/F	DOB	Relationship	Cultural background	Additional needs

Referrer details:

Name: _____ Title: _____

Service: _____

Contact Number: _____

Ongoing Involvement: _____



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Are there any safety concerns? Yes/No

Reason for concerns: _____

Reason for counselling referral:

OFFICE USE ONLY:

Meets criteria: Yes / No

First attempt of contact: _____

First face to face appointment: _____

Family ID: _____

*Aboriginal Family Services, Emergency Relief Options, Family Group Worker, Neighbourhood Services,
 Family Support Services, Youth Development Officer, Community Capacity Building Project,
 Hunter Park Family Centre, Muswellbrook Out of School Hours Care, Toybox*



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