

**Professional Referral**

**To:** Pregnancy Counselling Link  
35 Cambridge Street  
RED HILL  
Q 4059

Phone: (07) 3512 7999  
Fax: (07) 3369 2799  
Email: [info@pcl.org.au](mailto:info@pcl.org.au)  
Website: [www.pcl.org.au](http://www.pcl.org.au)



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Dear PCL Counsellor,

I wish to refer my patient/client, (\_\_\_\_\_)

to Pregnancy Counselling Link for counselling, relating to: *(please tick)*

- Teenage pregnancy
- Unplanned pregnancy options
- General pregnancy support
- Pregnancy loss
- After abortion
- Relationships

Comments.....  
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Signed : \_\_\_\_\_

Name : \_\_\_\_\_ (or business stamp)

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

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