

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
Website: 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 : _____

