**Referral to Pregnancy Counselling Link (PCL)**

*(This form may also be used by a referring organisation)*

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| Do you (or the person you are referring) give permission for PCL to collect and store personal information for the purposes of providing support and reporting to our funding body?*(If no – please cease completion of this form)* | Yes |  |
| No |  |
| **Date:** |  |
| **Name (client):** |  | **Date of Birth:** |  |
| **Contact phone number (client):** |  |
| **Email address (client):** |  |
| **Address:** |  |
|  |  |
| What is your/the client’s country of birth? |  |
| Do you/the client identify as Aboriginal or Torres Strait Islander?*If yes, please specify:*  |  |
| Is an interpreter required to assist you/the client if we undertake individual or group counselling? |  |
| Are there any current mental health concerns? | Yes |  | No |  |
| Are there any safety concerns within your/the client’s relationships? | Yes |  | No |  |
| Are any services currently supporting you/the client? | Yes |  | No |  |
| Is a support person required to attend sessions with you/the client? |  |
| **What is the reason/s for seeking support from PCL?** *(please tick all that apply)* |
| Pregnancy Options |  | Pregnancy Loss or Grief |  | Infertility |  |
| Transition to parenthood/parenting |  | Relationships |  | Group program participation |  |
| Pregnancy Support |  | Mental Health |  | Other *(please specify)* |  |

Please provide any other relevant information:

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| **PCL has a waiting list for ongoing support. Do you consent to being placed on our wait list until a Counsellor becomes available?** | Yes |  | No |  |
| **If PCL attempts to contact you, is it ok for us to leave a message/text your mobile phone?** | Yes |  | No |  |

***PCL will contact you/the client to complete an Intake Interview (approx. 20 mins) to determine eligibility for our service.***

***Please complete this section if you are an Agency referring this client***

|  |  |
| --- | --- |
| Agency Name: |  |
| Agency Contact: |  | Contact Number: |  |
| Is the client aware of this referral? | Yes |  | No |  |