## Adelaide Hills Inclusive Counselling Child Referral Form

Dr Stephanie Russell

39 Ridgeland Drive, Teringie, SA 5072

ph. (08) 7079 4324

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ABN: 86525293414

Thank you for contacting Adelaide Hills Inclusive Counselling. Your answers to these questions will help me understand some of the pressures and challenges the client is facing. Please do not feel obliged to answer those questions that the client would not wish divulged.

This information will be kept on file on the premises. It may only be shared with my supervisor (if it is in the client's interests to do so) and will not be released to a third party without their express permission, or under court subpoena, or otherwise mandated by law.

## **Child Self-referral Form**

Psychiatrists or psychologist involved in care (name and number):  Other groups involved in the client's wellbeing (e.g. support groups, health agencies, religious groups):  Medicines – please list prescribed medicines (or types) you are currently taking, or have taken during the past 6 months, and what effects they are having, if any, on your everyday life.  What concerns bring the client to Adelaide Hills Inclusive Counselling?
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Referrer's Name:
Agency:
Referrer's Ph.
Referrer's Email:

Please forward this form to Dr Stephanie Russell, email <a href="mailto:scrussell56@gmail.com">scrussell56@gmail.com</a>; ph. (08) 7079 4324

\* Thank you for your referral to Adelaide Hills Inclusive Counselling \*