

Adelaide Hills Inclusive Counselling Child Self-referral Form

Dr Stephanie Russell

39 Ridgeland Drive, Teringie, SA 5072

ph. (08) 7079 4324

email. scrussell56@gmail.com

ABN: 86525293414

Thank you for contacting Adelaide Hills Inclusive Counselling. Please do not feel obliged to answer those questions you do not wish to.

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

Name: Preferred name:	Date:
Date of Birth:	Age:
Ethnicity: Country of birth:	Gender Identity:
Mobile:	Is it okay to leave a message at this number?
Email:	Is it okay to email you?
Mailing Address:	
Do you identify as Aboriginal or Torres Strait Islander? Do you identify as a refugee? What is your first language (if other than English)? Do you require an interpreter?	
Parent 1 (or primary carer): Name: Address: Phone: Email:	Parent 2 (or other carer): Name: Address: Phone: Email:
School: Teacher (name, phone)	
GP (name and number): Paediatrician (name and number): Psychiatrists or psychologist involved in care (name and number):	
Other groups involved in your wellbeing (e.g. support groups, health agencies, religious groups):	

Child Self-referral Form

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 you to Adelaide Hills Inclusive Counselling?

Please forward this form to Dr Stephanie Russell, email
scrussell56@gmail.com; ph. (08) 7079 4324

*** Thank you for your interest in Adelaide Hills Inclusive Counselling ***