

# Adelaide Hills Inclusive Counselling

## Intake Referrer's Form

Dr Stephanie Russell

39 Ridgeland Drive, Teringie, SA 5072

ph. (08) 7079 4324

email. [scrussell56@gmail.com](mailto:scrussell56@gmail.com)

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 the client's express permission, or under court subpoena, or otherwise mandated by law.**

Name of client: 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 the client?
Mailing Address:	
Does the client have a disability (mental or physical) that impacts on your everyday life (please describe)?	
Does the client identify as Aboriginal or Torres Strait Islander? Does the client identify as a refugee? What is the client's first language (if other than English)? Does the client require an interpreter?	
Emergency Contact 1 – Name, Relationship, Phone Number:	
Emergency Contact 2 – Name, Relationship, Phone Number:	
GP (name and number):  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) the client is currently taking, or have taken during the past 6 months, and what effects they are having, if any, on their everyday life.

What concerns bring the client to Adelaide Hills Inclusive Counselling?

**Referrer's Name:** \_\_\_\_\_

**Agency :** \_\_\_\_\_

**Referrer's Ph.** \_\_\_\_\_

**Referrer's Email:** \_\_\_\_\_

**Please forward this form to Dr Stephanie Russell**

**email [scrussell56@gmail.com](mailto:scrussell56@gmail.com); ph. (08) 7079 4324**

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