



## COUNSELLING & CONSULTANCY INTAKE INFORMATION

### REFERRAL INFORMATION

Child/Young Persons' Name:

Residential Address:

Date of Birth:

If applicable NDIS Number:

If applicable NDIS Plan Dates:

Gender: Female  Male  Not Specified

Does the child identify as: - Non-Indigenous  Indigenous

Torres Strait Islander  NESB.

Parents/Carers Name:

Parents/Carers Name:

Address:

Address:

Mobile:

Mobile:

Email:

Email:

Name of person making referral:

Agency Referral:

Position:

Phone:

Email:

Has this person (or their legal guardian) agreed to this referral? Yes / No

Has this person agreed to be contacted by Coastal Children's Contact Services? Yes / No

Self-Referral

Relationship to person being referred:

Siblings details:

Name:

DOB:

Name:

DOB:

Name:

DOB:

Other

Name:

DOB:

Are there any current family court orders or apprehended violence orders in place? Is yes provide details.



BACKGROUND TO THE REFERRAL	
Presenting Issues:	
NDIS or Personal Goals for Counselling:  1.  2.  3.  4.	
Are there any safety issues to be aware of? If yes, please provide details:	
Child's strengths and interests:	
COUNSELLING SERVICES FOR CHILDREN, YOUNG PEOPLE & FAMILIES	
Please select modalities	
<p><b>Sandplay &amp; Expressive Therapy</b> is a free expression &amp; creation in a safe boundary. The sand tray provides a safe place for expression and allows non-verbal integration &amp; emotional transformation. It encourages children to open up about events in their life and aims to encourage the sharing of experiences.</p>	<input type="checkbox"/>
<p><b>Parent Consultancy Session</b> is to assist you navigate the process of family separation and provide educational, emotional &amp; practical support about the impacts separation and contact arrangements can have on children. Clients know they will receive confidential care that not only gives them the tools and strategies to thrive but reduces the conflict between the parties.</p>	<input type="checkbox"/>
<p><b>Symbol Work</b> allows a topic to be directed by the counsellor. The focus of the session is on specific issue or theme. Through a combination of talk and play the child has an opportunity to better understand and manage their conflicts, feelings, and behaviour.</p>	<input type="checkbox"/>



<p><b>Family Therapy</b> focuses on helping the family function in more positive and constructive ways by exploring patterns of communication and providing support and education. Family therapy sessions can include the child or adolescent along with parents, siblings, and grandparents.</p> <p><b>Parent Child Interaction Therapy (PCIT)</b> helps parents and children who struggle with behaviour problems or connection through real-time coaching sessions. Parents interact with their children while counsellors guide families toward positive interactions</p> <p><b>Supportive Therapy</b> gives children and adolescents support in their lives to cope with stress, identify helpful and unhelpful behaviour's, and improve self-esteem</p> <p><b>Acceptance and Commitment Therapy (ACT)</b> helps a child understand and accept their inner emotions. ACT help children and teens use their deeper understanding of their emotional struggles to commit to moving forward in a positive way.</p> <p><b>Cognitive Behaviour Therapy (CBT)</b> helps improve a child's moods, anxiety, and behaviour by examining confused or distorted patterns of thinking. CBT teach children that thoughts cause feelings and moods which can influence behaviour. During CBT, a child learns to identify harmful thought patterns. The therapist then helps the child replace this thinking with thoughts that result in more appropriate feelings and behaviours.</p> <p>As determined by the Counsellor</p>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<p>Other services involved:</p> <p>Consent to consult, provide report and/or share relevant information to other services:          Yes / No</p>	
<p>School/Pre-school attending:</p>	
<p>Please provide details if your child has had past or current involvement with any outside agencies (ie paediatrician, psychologist, psychiatrist, speech pathologist) Reports attached          Yes / No</p>	



## CONSENT FOR COUNSELLING SERVICES FOR CHILDREN, YOUNG PEOPLE & FAMILIES

Prior to commencement of commencement of counselling, I was provided with information that allowed me to understand the nature and process of counselling. This information included, but was not limited to: the professional identity and qualifications of the counsellor, the potential benefits and risk of counselling and the issue of confidentiality and its limits.

Counselling sessions can assist with reducing the level of distress a person is feeling, improve relationships and/or resolve other specific issues. However, these improvements cannot be guaranteed for any situation, due to the many variable that affect these sessions. Experiencing uncomfortable feelings, discussing unpleasant situation and/or parts of a child's life are considered risks of counselling.

I agree that I have sought and consent to participating in counselling, I agree to being involved in the process and if appropriate to their age, to regularly review the counselling sessions. I agree to provide a minimum of short notice cancellation of 48 hours' if the participant is unable to make a scheduled appointment, and if the notice is not provided payments will be required.

I understand and agree that what is discussed in counselling is kept confidential. I am aware that no contents of counselling sessions, whether written or verbal (case notes) may be shared with another party without my written consent.

There are however, certain exceptions with regard to this. The conditions under which information shared by you or your child will need to be released, include the following:

1. For the purposes of supervision and professional development.
2. If it is determined by the counsellor that the child is a danger to him/herself or to someone else.
3. The child or family discloses abuse or the counsellor has concerns regards suspected risk of harm.
4. Your prior approval has been obtained to provide a written report to another professional agency.
5. There is a court order to disclose information.

I understand that the child and families' personal information will be stored securely on password protects devices with restricted access.

I agree that payment is required within 7 days of counselling sessions, unless otherwise stated in the service agreement.

I affirm that I have read and understand the consent form and agree with the above information.

Parent / Carer Name: Signature:  Date:  Parent / Carer Name:  Signature:                      Date:	Where applicable: Case Worker/Manager:    Signature:                      Date:
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