



COUNSELLING INTAKE INFORMATION	
REFERRAL INFORMATION	
Name:	
Current Address:	
Date of Birth:	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Not Specified <input type="checkbox"/>	
Indigenous Status: ATSI <input type="checkbox"/> Non-ATSI <input type="checkbox"/>	
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:	
Other significant person details:	Siblings
Name:	Name:
Phone:	DOB:
Siblings	Name:
Name:	DOB:
DOB:	
Are there any current family court orders or apprehended violence orders in place? Is yes provide details.	



BACKGROUND TO THE REFERRAL	
Presenting Issues:	
Goals for Counselling:	
1. 2. 3. 4. 5.	
Any challenging behaviours or safety issues for counsellor:	
Child's strengths and interests:	
COUNSELLING SERVICES FOR CHILDREN, YOUNG PEOPLE & FAMILIES	
Please select modalities	
<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>	<input type="checkbox"/>
<p><b>Cognitive Behavior Therapy (CBT)</b> helps improve a child's moods, anxiety, and behavior by examining confused or distorted patterns of thinking. CBT teach children that thoughts cause feelings and moods which can influence behavior. 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 behaviors.</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>	<input type="checkbox"/>



<p><b>Parent Child Interaction Therapy (PCIT)</b> helps parents and children who struggle with behavior problems or connection through real-time coaching sessions. Parents interact with their children while counsellors guide families toward positive interactions.</p> <p><b>Sand Play &amp; Expressive Therapy</b> is a free expression &amp; creation in a safe boundary. The sandtray 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> <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 behavior.</p> <p><b>Supportive Therapy</b> gives children and teens support in their lives to cope with stress, identify helpful and unhelpful behaviors, and improve self-esteem.</p> <p>As determined by the Counsellor</p>	<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 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 prior to counselling sessions. Confirmation of payment will be emailed to the nominated email address. If invoices are finalised by another organisation receipts will be provided to the service provider.

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

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