**Centacare Catholic Country SA**

*Student Counselling Referral and Intake*

|  |  |
| --- | --- |
| **Student Name** | **Date** |
|  |  |
| **Referred by** | **Year Level** | **Teacher** |
|  |  |  |
| **Preferred Method of Contact (please circle)** | **Details (e.g. Phone number, email address)** |
| Teacher | Parent | Email | Student |  |
| **Presenting Issue (please circle)** |
|

|  |  |  |
| --- | --- | --- |
| Grief and Bereavement | Self-Harm or Suicidal Ideation | Conflict with School Staff or Teacher |
| Conflict at Home | Anxiety | Bullying |
| Conflict with Friends | Other Mental Health | Other **(please list below)** |
| Family Separation | Stress  |  |
| Self-Esteem | Anger Management |

 |
| **Any other information?** |
|  |
| **Appointment Details (Student Counsellor use only)** |
|  |

**Centacare Catholic Family Services, Country SA**

*Student Counselling Referral and Intake*

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| --- | --- |
| **Student Name** | **Date** |
|  |  |
| **Referred by** | **Year Level** | **Teacher** |
|  |  |  |
| **Preferred Method of Contact (please circle)** | **Details (e.g. Phone number, email address)** |
| Teacher | Parent | Email | Student |  |
| **Presenting Issue (please circle)** |
|

|  |  |  |
| --- | --- | --- |
| Grief and Bereavement | Self-Harm or Suicidal Ideation | Conflict with School Staff or Teacher |
| Conflict at Home | Anxiety | Bullying |
| Conflict with Friends | Other Mental Health | Other **(please list below)** |
| Family Separation | Stress  |  |
| Self-Esteem | Anger Management |

 |
| **Any other information?** |
|  |
| **Appointment Details (Student Counsellor use only)** |
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