**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)** | | | | | | | |
|  | | | | | | | |