



**Culturally & Linguistically Diverse  
Counselling Service Referral**

**DATE:** \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_ (Male / female)

**Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Is an interpreter needed?.** Yes / No

**Language Spoken:** \_\_\_\_\_

**G.P.** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Service:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone no:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Time in NZ :** \_\_\_\_\_

\_\_\_\_\_

**Office use only**

Client ID: \_\_\_\_\_

W/L Letter: \_\_\_\_\_

Allocated: \_\_\_\_\_

Counsellor: \_\_\_\_\_

Dis. Letter: \_\_\_\_\_

Closed: \_\_\_\_\_

**1. Reason for referral (including diagnosis if available) :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Kessler Scale (if known) :** \_\_\_\_\_

**3. Risk/Safety:**

**Family Violence:**  Reason: \_\_\_\_\_

**Mental Health:**  Reason: \_\_\_\_\_

\_\_\_\_\_

