



Referral form

Fruitful Purpose Counselling: where growth feels safe
Ph: 0407 595 532 | hello.fpc@hotmail.com

1. REFERRER DETAILS

Your name	Profession (e.g. occupational therapist, physiotherapist)	Practice or organisation
Registration number (optional)	Phone	Email
Date of referral		
dd/mm/yyyy		

2. CLIENT DETAILS

Client full name	Date of birth	Client phone
	dd/mm/yyyy	
Client email	Suburb or town	Preferred contact method
		Select ▼
Preferred session type	Funding type, if known (e.g. self-funded, NDIS, other)	
No preference ▼		

3. REASON FOR REFERRAL

Tick all that apply

☐ Anxiety, stress and overwhelm	☐ Emotional regulation	☐ Boundaries and relationships
☐ Life transitions	☐ Grief and loss	☐ Alcohol and other drugs
☐ Decluttering support	☐ Faith-informed counselling	

Other (please specify)

4. RELEVANT BACKGROUND

Brief summary of presenting concerns, goals, and anything that helps us support the client (e.g. diagnoses, other services involved)

5. SAFETY

Are there any current concerns about risk of harm to the client or others?

Select

Details, if any

This form is not for urgent situations. If a person is in immediate danger, call 000. For crisis support, Lifeline is available on 13 11 14.

6. CONSENT

- ☐ The client is aware of and has agreed to this referral.
- ☐ The client has consented to the information on this form being shared with Fruitful Purpose Counselling.

Client or patient signature (type full name, or sign here when printed)

Date

dd/mm/yyyy

Referrer signature (type full name, or sign here when printed)

Date

dd/mm/yyyy

Email referral opens your email app with the form details filled in, ready to send to hello.fpc@hotmail.com. Please send client information only with the client's consent.

PROFESSIONAL MEMBERSHIPS



Fruitful Purpose Counselling | Ph: 0407 595 532 | hello.fpc@hotmail.com

