



Blackbird House
34 Oval Avenue
Caloundra, 4551
Provider Number: 5377676L
Phone: 0421521518
Fax: 07 53018105

Email: admin@blackbirdcounselling.com.au

This referral form can be used by members of the community wishing to refer themselves or for other professions wanting to refer someone to our services. This referral form is not required for an appointment with Blackbird Counselling.

REFERRER DETAILS (IF APPLICABLE) (e.g., medical/allied health professional, community organisations etc...).

Referrer Name	
Organisation (if applicable) and/or professional role title	
Organisation Address (if applicable)	
Contact Phone Number	
Email Address	
Signature	

CLIENT DETAILS

Client Name	
Client DOB	
Client Address	
Client Phone Number	
Client Email Address (if applicable).	
Does the client have a current GPMHCP? YES/NO/UNKNOWN:	

**Reason for Referral and Any
Additional Information**

(Please provide any relevant information/key concerns. This is important to ensure we can pair the client with a suitable clinician).

Please note that by completing and sending this to Blackbird Counselling Pty Ltd, you are confirming that you have given/received your or the client's consent for information to be shared with Blackbird Counselling, as well as for Blackbird Counselling to contact you or the client directly to discuss our services. This referral **DOES NOT** provide ANY funding for the client. The client is encouraged to get a Mental Health Care Plan from their GP to be eligible for a Medicare rebate.

Please read our Privacy Policy for more information: <https://www.blackbirdcounselling.com.au/privacy-policy>.

Please fax or email this referral and any additional documentation to Blackbird Counselling.

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