

Counselling Intake/ Self-Referral Form

**Please Note - Our services are currently provided to people living in the Cambridge area only.
We are happy to suggest other services for you if you live outside of our area.**

Date: Have you accessed our service before? Yes/No
Current Client of CCH? Yes/No

Title: Name: Preferred name:

Date of Birth: Age: Gender: (Please name)

Address:

Can we send mail to this address? Yes/No

Telephone: Mobile:

Can we leave a message on this number? Yes/No Can we text you on this number? Yes/No

Email:(optional) Ok with Audio Visual (eg.Zoom) call Yes/No

Please indicate your residency status:

NZ Citizen NZ Resident Other (if other please explain)

Country you were you born in.....

Your Ethnicity (Tick as many as applicable)

Māori Iwi

NZ Pakeha/European

Pacific (Please specify).....

Asian (Please specify).....

European (Please specify).....

Other Ethnicity (Please Specify).....

Is there an alternative person we can contact on your behalf or in case of an emergency Yes/No

Name: Relationship: Phone no:

Who referred you to our service?

(E.g. Doctor, Friend, Family, Self, other service/agency)

If you are completing this form on behalf of someone else have they consented to this referral: Yes/No

Please advise your name and title if you are completing this form on someone else's behalf

Current Doctor: Location:

Do you have any allergies or medical alerts? Yes/No:

Do you have any specific support needs? E.g., hearing, visual, mobility, literacy, other? Yes/No

If yes, please explain.....

Do you hold a current Community Services Card? Yes/No Card No:

Are you currently enrolled with another agency or service? Yes/No:

.....

(E.g. CADS, Mental Health, ICAMHs, Financial/budget, Oranga Tamariki, Probation, Diversion, Employment support i.e Workwise)

Counselling sessions are charged at a subsidised rate of:

\$80 per session – Adult/Agency, Community Services Card - \$50, Student/Youth - \$40

Couples – additional \$20 to Agency or Community Services Card rates.

Will you be able to meet this cost? (does not apply to Alcohol & Drug, Family Violence, GP-funded) Yes/No

Do you have any children under the age of 18? If so, please give details below.

Name of Child	Gender	DOB/Age	Do they live with you Y/N

Please indicate which best describes your reasons for contacting us by ticking options below and *asterix your priorities

- | | | | |
|---|--------------------------|---------------------|--------------------------|
| Information or support | <input type="checkbox"/> | Grief / Loss | <input type="checkbox"/> |
| Money / Finances | <input type="checkbox"/> | Health | <input type="checkbox"/> |
| Family | <input type="checkbox"/> | Alcohol and/or Drug | <input type="checkbox"/> |
| Relationship | <input type="checkbox"/> | Anxiety | <input type="checkbox"/> |
| Couples Counselling | <input type="checkbox"/> | Depression | <input type="checkbox"/> |
| (please ask your partner to fill in a form as well) | | Violence or Abuse | <input type="checkbox"/> |
| Stress | <input type="checkbox"/> | Anger | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

Short description of your current situation or needs if they are not covered by above options:

In completing this form you are requesting assistance from our agency. For our records we will add your details to our internal database for statistical purposes and to contact you for an appointment.

We look forward to offering you an appointment as soon as possible. Should you need to cancel your appointment please give us as much notice as you can. If you miss repeated appointment's, we may need to close your referral.

We reserve the right to turn away people who are abusive toward staff, or others at our services or appear to be unduly under the influence of alcohol or drugs at the time of their appointment.

FOR STAFF USE ONLY

Services Required:

Staff Member/s:..... Contract:

Payment Options Discussed: Agreed Payment Amount: \$......per session

Allocation: Urgent Semi Urgent Non Urgent

Added to Recordbase 1st Appointment Date: