

Referral Form

Who is making this referral?

☐ Parent/ Carer

☐ Teacher/ Principal

☐ Doctor

☐ Specialist/ Other

School: _____

Provider no.: _____

Client Information

Full name: _____

Preferred name: _____

Age: _____

DOB: ____/____/____

Sex: Male/ Female

Gender identity: _____

Family origins:

☐ Australian Born

☐ ATSI

☐ Other/ Language: _____

Family: People client lives with/ how much %	Relationship	Living %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact Details

Primary Contact:

Name

Phone

Email

Preference

☐ Email ☐ Phone

Emergency Contact 1:

Name

Phone

Email

Preference

☐ Email ☐ Phone

Emergency Contact 2:

Name

Phone

Email

Preference

☐ Email ☐ Phone

Reason for Referral

☐ Behaviour

☐ Social

☐ Emotional

☐ Learning

☐ Wellness

☐ Other: _____

Details:

Medical Information

Are there any formal diagnoses? ☐ Yes, provide details below ☐ No

Details

Any issues with:

Hearing _____

Vision _____

Speech _____

Mobility _____

Other: _____

A bit more about me



Strengths



Interests



Triggers



Permissions

Sometimes in the course of our sessions, it may become appropriate to include some other types of activities that are not traditionally part of Creative Arts Therapy. There is a lot of research into the benefits of animals and nature in supporting mental health; we have access to both.

On the property there are 2 well trained dogs, not certified therapy dogs- a border collie and a groodle. Both are gentle and friendly. There is also 2 sheep and a goat. We are situated beside the Miller's Creek reserve that is a safe space full of natural beauty. Please indicate your permission for animals and nature to potentially form a part of the therapeutic sessions:

☐ Dogs ☐ Sheep/ Goats ☐ Local Nature walks ☐ Outdoors on property

Permissions

Confidentiality Statement

At The Gecko's Path, the confidentiality of your personal information and sessions is of utmost importance to us. We are deeply committed to protecting your privacy and ensuring that your pathway towards mental well-being is conducted in a safe and secure environment.

Rest assured that all records and communications, whether written or verbal, are kept strictly confidential. They will not be disclosed to anyone without your explicit consent, except in rare cases where disclosure is required by law to prevent harm to yourself or others.

Our commitment to confidentiality is not just a professional obligation; it is a personal promise from us to you. We believe that your story is yours alone, and it is our honour to provide you with a space where you can share it freely and without fear.

Thank you for entrusting us with your care. We are here to support you, every step of the way, with compassion, integrity, and the highest respect for your privacy.

Agreement

I have completed this form with accuracy and integrity to the best of my knowledge. I consent to _____ Client Name receiving therapeutic sessions with Kristie Miller, therapist. I acknowledge that everything involved in the sessions is confidential in accordance with the statement above. I agree to the evaluation session after 10 therapeutic sessions.