

  
 MINUTES  
*to*  
 HAPPY

## Medical/Health Practitioner Counselling Referral

**PATIENT INFORMATION:**

TITLE:		FIRST NAME:		SURNAME:	
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**DETAILS OF REFERRING MEDICAL/HEALTH PRACTITIONER:**

TITLE:		FIRST NAME:		SURNAME:	
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PROFESSION TITLE:	
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PRACTICE ADDRESS:	
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EMAIL ADDRESS:	
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PRACTICE PHONE:	
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REFERRAL DETAILS/ PRESENTING CONCERNS:

  
  
  

ANY ADDITIONAL REQUIRED INFORMATION:

  
  
  

PRACTITIONER SIGNATURE:

Thank you kindly for your referral.

**Gabrielle Bray**  
 Counsellor, Minutes to Happy Counselling  
 BA, MCLinAud, MAudSA(CCP), DipCouns, MACA



Once completed by your medical practitioner, please email this form to Gabrielle Bray, (Counsellor, Minutes to Happy) at: [gab@minutestohappy.com](mailto:gab@minutestohappy.com) and I'll be in touch with a questionnaire and quick chat to determine your suitability to Counselling and what I offer.