

Couples Counselling Referral Form

Name:	Name:
Phone:	Phone:
DOB:	DOB:
Email:	Email:

Do you have any children? Yes No Names and ages: _____

Do you need an interpreter? Yes No

How did you hear about Luma? _____

Have you had previous contact with Luma? Yes No

Reason for Referral: _____

Any risks or concerns e.g., Mental Health or Family and Domestic Violence: _____

What is your availability? (Days/Times): _____

Consent (consent from both parties is required to make this referral)

I understand and give consent to the referral

Signed: _____ Date: _____

I understand and give consent to the referral.

Signed: _____ Date: _____