

REFERRAL FORM

Thanks for contacting Michael and inquiring about his services at Grow Counselling and Therapy. The first step is filling out the below form and emailing it directly through to michael@growfromtherapy.com.

Michael prioritises his clients during session times and so there may be a small delay getting back to you as he usually sees clients back to back. Once he has received your referral form he will get back to you to discuss within 7days, if not earlier. Please note, Michael currently has a waiting list. There is often more availability between the hours of 9am and 3pm, however the session times between 3pm and 8pm have a 12week wait list.

Referral Source:

Name of Referrer/Agency	
Date of Referral	
Phone Number	
Email Address	

Client Referred and Contact details:

Client Name	
Client Age/D.O.B	
Parent/Carer Name (if applicable)	
Address	
Phone Number	
Email Address	

Michael Anderton

Family Therapist and Accredited Mental Health Social Worker
BA SocWk MS.c. Systemic Psychotherapy

michael@growfromtherapy.com | 0452 588 547 | Suite 1, 1420 Logan Rd, Mt Gravatt 4122

www.growcounsellingandtherapy.com

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Family Members and/or Significant Other's Details:

Family members/Significant Others	Age/D.O.B	Relationship to Client

Do you have a mental health plan from your doctor? Yes No

Do you need emergency or immediate healthcare support? Yes No

*Please note, Michael is not a crisis service - please contact the following if you are in an emergency situation.

Emergency Services 000

Beyond Blue 1300 22 4636

Kids Helpline 1800 55 1800

Lifeline 13 11 14

Parentline 1300 30 1300

Your reason/s for referral

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Your preferred time to meet

Professional System Details (if applicable):

Professional involved	Role	Contact Details

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