Pot of Gold Therapy
Helping you through the rainbow to find your pot of gold
P: 0477 055 985
E: admin@potofgoldtherapy.com.au

Referral Form

Pot of Gold Therapy provides high quality therapy and supports to people experiencing difficulties with their mental health. Our vision is the provision of quality care that empowers and supports you on your recovery journey through the rainbow to find your ***Pot of Gold.***

Name:_____ **Preferred Name:**_____**DOB:**_____

Ph No:_____ **Gender:**_____ **Pronouns:**_____

Email:_____

Address:_____

Emergency Contact (***Name, Number):***_____

GP: ***(Name, Practice, Number):***_____

Reason referral:_____

_____

Other services involved:_____

_____

Additional information:_____

_____

_____

Referrer Details (***Not applicable if self-referral)***

Name:_____ **Agency:**_____

Phone:_____ **Email:** _____

Consent: I consent to Pot of Gold Therapy collecting my information as part of the referral process to engage in their services. All information collected will be treated confidentially and will not be used for any other purpose than the provision of services with us. I am aware that this referral is being made and I can withdraw from referral or service at any given time.

Signed:_____ Name:_____ Date:_____