



**CLIENT REQUEST FORM D - FAMSA Knysna/PLETT**  
 (Email to [Knysna@famsa.org.za](mailto:Knysna@famsa.org.za)/[plettenberg@famsa.org.za](mailto:plettenberg@famsa.org.za))

**Tick relevant boxes and complete all information**

Walk-in	Trauma	Phone in	Group support	Counselling Request
<b>Date:</b>				
Client's Name and Surname:				
<b>Previous client:</b> Counsellor:			<b>New client</b>	
Language:	Age: 0-18 Child	18+ adult	Area:	
Client's Contact Number: <b>Safe to call/send message?</b>				<b>WA: YES/NO</b>
Alternate number:		email address:		
<b>Please tick communication resources IF requesting virtual counselling:</b>				
WIFI		Zoom		
DATA		Skype		
Space for privacy		Other		
Referral letter:	YES	NO	If yes, from who:	ICAS KM
<b>Brief Description of problem:</b>				<b>Tick:</b>
1. Relationship				
2. Partner Abuse				
3. Divorce related				
4. Addiction Disorder related:				
5. Depression				
6. Grief				
7. Trauma				
8. Mental health related				
9. Victim of crime and Violence				
10. Other				
Availability of Client (if applicable):				
Action by FAMSA Admin:				
Signed:			Date:	
Client seen by:				
Notes by counsellor/referree:				
Signed:			Date:	
If Client is referred – to?:			Verbal/ Referral letter/ Other:	

**Admin: Service complete:** \_\_\_\_\_ **(sign when client has been linked with counsellor.**