



Be the Change

Men's Behaviour Change Program

Date _____

Individual Counselling

Frankston – 103 Beach Street Online video counselling via Zoom

Nth Melbourne – 55 Flemington Rd

Client Information

Client Name _____ Date of Birth _____

Client Address _____

Contact phone (mobile preferred) _____ Email Address (for notification and Zoom information) _____

Is it OK to leave a message/SMS on these numbers? Yes No

Referrer Details

Name _____ Agency _____

Is the client responsible for payment? Yes Invoice agency

Has the client been informed of the referral? Yes No

Referral Information

Alcohol/Drug of Choice/History: _____

Current Corrections Orders: _____

Type of Offending History: _____

Is there a current Intervention Order in place? Yes No

Pending Court Dates? Yes No

If Yes, what do the offences relate to? _____

Mental Health Diagnosis: _____ Mental Health Practitioner: _____

Is the client currently in a relationship? _____

Other Relevant Information: _____



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