|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Referral:** |  | **Is client aware of referral?** | ☐ Yes ☐ No | **Is client willing to attend** | ☐ Yes ☐ No  |
| **Referral Type:** | ☐Walk in☐Phone☐Email ☐ Fax | **Referral Source:** | ☐Self☐Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐School☐Friend/Family Member☐Service Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Client Details** |
| **Name:**  |  | **Date of Birth:** |  |
| **Address:** |  | **Place of Birth:** |  |
| **Suburb:** |  | **Post Code:** |  |
| **Gender:** | ☐ Male ☐ Gender Diverse ☐ Unsure ☐ Female  |
| **LGBTIQ+:** | ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Trans ☐ Intersex ☐ Queer ☐ Other  |
| **Home Ph #** |  | **Mobile Ph #** |  |
| **Ethnicity:** |  | **Religion/Spirituality:** |  |
| **Health Care Card** |  **No: Expiry**: |
| **Medicare**  |  **No: Reference: Expiry:** |
| **Do you suffer from any of the following health conditions?** |
| ☐ Diabetes ☐ Heart Disease ☐ Epilepsy ☐ Lung Disease ☐ Kidney Disease ☐ Arthritis ☐ Asthma ☐ Low/high Blood Pressure☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Allergies:** |  |
| **Reason/s for Referral:**  | ☐ Mental Health ☐ Drugs and Alcohol ☐ School/Work ☐ General Health |
|  |
| **Parent/Guardian Contact Details** |
| **Name:** |  | **Phone:** |  |
| **Address:** |  | **Email:** |  |
| **Relationship:** |  | **Can we contact this person about your appointments?**  | ☐ Yes ☐ No |
| **Parent/Guardian Contact Details** |
| **Name:** |  | **Phone:** |  |
| **Address:** |  | **Email:** |  |
| **Relationship:** |  | **Can we contact this person about your appointments?**  | ☐ Yes ☐ No |
| **GP/Psychiatrist/Counsellor Contact Details** |
| **Name:** |  | **Phone:** |  |
| **Address:** |  | **Email:** |  |
| **Organisation:** |  |
| **Referrer’s Details** |
| **Referrer’s Details:** ☐ Same details as Emergency Contact |
| **Name:** |  | **Relationship:** |  |
| **Address:**  |  | **Organisation:** |  |
| **Phone:**  |  | **Email:** |  |