

Date: _____

Client's First Name: _____ **Surname:** _____

Date of Birth: _____ Gender: _____ Language/s Spoken: _____

If under 18, name of parent/guardian: _____

Contact phone number/s: _____

Address: _____

Aboriginal or Torres Strait Islander? Y [] N [] Number of Dependents (if any): _____

Referrer's Name: _____ **Phone:** _____

Organisation: _____ **Email:** _____

- Service/s Required:**
- Counselling/Psychological Services (*a fee may apply, subsidies may be available*)
 - COACH: Mentoring B-Empowered: Financial Care
 - LifeCare Women's Centre Other (please specify): _____

Presenting issue(s) as identified by the client or their representative:

Reason for referral as identified by referrer/services provider:

Significant history (medical, medication issues, developmental, functional/daily living skills, social, emotional, trauma – including abuse or neglect, etc):

Social, spiritual and diversity considerations (including cultural practices, beliefs, traditions important to the client):

Other (including strengths/resources/interests/protective factors if relevant):

Alerts

Risks: Y [] N [] *If yes, please attach any available risk assessments.*

Risk management strategies:

Has access to the referred service been discussed with the client? Yes [] No []

Has the client's written consent for release of information been obtained? Yes [] No []

Barriers to Service:

Support required to address barrier/s to service:

Current Services - *Services used in the last twelve months, including all health and community services*

Agency	Contact details or other information as appropriate

Court and Statutory Orders

Please give details of any mental health orders, intervention orders, orders related to children, guardianship and administrative orders, etc. (attach a separate page if necessary)

For referrals external to LifeCare, please send this form to lifecare@crosswaylifecare.org.au

For internal LifeCare referrals, please place this form in an envelope and give to the Team Leader/s of the service/s requested.

For LifeCare Use: Receiver's Name: _____ Date: _____

Entered into Referral Log by: _____ Date: _____

Action/s taken by Team Leader:

Status Updated on Referral Log

This form is to be passed on to the referred-to staff member (if applicable) in an envelope.

It is to be kept in the client's confidential file.