

Date: _____

Referrer's Name: _____ Phone: _____

Organisation: _____ Email: _____

Client's First Name: _____	Surname: _____
If under 18, name of parent/guardian: _____	
Address of Client: _____	
Email Address of Client: _____	
Contact Phone No: _____	Client DOB: _____
Aboriginal or Torres Strait Islander? Y <input type="checkbox"/> N <input type="checkbox"/>	Gender: _____
Language/s Spoken: _____	N ^o of Dependents (if any): _____

Service/s Required: Counselling / Psychological Services (fees apply, subsidies may be available)

COACH: Community Mentoring Family Violence Programs

COACH: Financial Mentoring

Presenting issue(s) and reason for referral:

Other information (if known by referrer):

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:

Alerts

Risks: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please attach any available risk assessments.	
Risk management strategies: _____	
Has access to the referred service been discussed with the client?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the client's written consent for release of information been obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.
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Please send this form to LifeCare: lifecare@crosswaylifecare.org.au / Fax: (03) 9886 3788

For LifeCare Use:

Receiver's Name*: _____ Date: _____
*If received by Reception, please copy and give to the relevant Team Leader/s.
Actions Taken by Team Leader:
Please pass this form on to the Referred - to staff member (if applicable) to be filed in the client's file.