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| **FAMILY & RELATIONSHIP SERVICES REFERRAL FORM** |

**Complete this form to access Family & Relationship services within Ballarat and the Western Regions of Victoria: Ballarat, Hamilton, Mildura & Warrnambool**

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| **Client Details** |
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| Client name: |   | Contact Phone:  |   |
|  |
| Preferred pronoun: |  |[ ]  She |[ ]  He |[ ]  They | Date of birth: |   |
|  |  |  |
| Parent / Guardian name: |   | Contact Phone:  |   |
|  |
| Is it okay / safe to leave a voicemail?  |[ ]  Yes |[ ]  No |  |
|  |
| Preferred time for us to ring? |[ ]  No |[ ]  Yes | Details: |   |
|  |
| Address: |   |
|  |
| Language spoken at home: |   | Interpreter preferred: |[ ]  Yes |[ ]  No |
|  |
| Interpreter language: |   | Interpreter preferred: |[ ]  Male |[ ]  Female |
|  |
| Are you of Aboriginal or Torres Strait Islander decent? |[ ]  Yes |[ ]  No |[ ]  Prefer not to say |
|  |
| **If applicable:** |
|  |
| Referrer name: |   | Referring agency:  |   |
|  |
| Contact phone: |   | Email:  |   |
|  |
| **Consent:** |
|  |
| Has the client provided consent for this referral? |[ ]  Yes |[ ]  No |

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| **Presenting Issues** |
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| Briefly, what is the main concern / worry that would like to address? |
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| **Service requested:** |
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| We offer a range of services. Please tick the ones you are interested in hearing more about: |
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|[ ]  Counselling – Individual |[ ]  Parenting group |
|  |
|[ ]  Counselling – Couple |[ ]  Self-development group |
|  |
|[ ]  Counselling – Children |[ ]  Family therapy |
|  |
|[ ]  Parenting Support |[ ]  Other |   |

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| **Safety** |
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| **Do you have any immediate concerns for your safety, or the safety of anyone else?** |
|  |
|[ ]  No |[ ]  Yes | If Yes, please give details below |
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| **Safety is our priority.** |
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| Is it safe for us to contact you on your mobile number? |[ ]  Yes |[ ]  No |
|  |
| Is it safe for us to leave a voice mail message? |[ ]  Yes |[ ]  No |
|  |
| Is it safe for us to leave an sms message? |[ ]  Yes |[ ]  No |
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| If no, please call 1300 303 988 to speak to an Intake Worker as soon as possible |

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| **In an emergency, please call 000** |

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| **Please forward referral to Intake email** |  andrea.clarke@centacareballarat.org.au  |

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| **For Referral queries please call 1300 303 988** |
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| **OFFICE USE ONLY** |
|  |
| Allocation: Team |   | Date: |   |
|  |
| Conclusion: |
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