Logo

Description automatically generated

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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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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** |
|  |
| 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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Safety** | | | | |
|  | | | | | |
| **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 |
|  | | | | |
| 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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