###  Date of Referral: / / 20\_\_\_\_

### Client Name: Ms/Mrs/Miss/Mr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_ / \_\_\_\_\_/ \_\_\_\_\_\_\_\_ Male Female

*(Sex assigned at birth)*

### Gender identify: Male Female Non-binary Other

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ph. No(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity:** ATSI CALD OTHER

 (Aboriginal/Torres Strait Islander) (Culturally & Linguistically Diverse) (Anglo-English speaking)

Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of arrival into Australia: \_\_\_\_\_\_\_\_\_\_

Language spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you require an Interpreter: Yes / No

**Next of Kin: Husband/ Partner / Parent / Sister / Brother / Auntie / Carer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph no: (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which service is required?** *If unsure please leave blank and we will discuss this with you:*

**Free services:**

Family Violence Counselling Sexual Assault Counselling

Child Sexual Assault Therapy General Nurse Consult (Geraldton)

Child Family Violence Counselling Unplanned Pregnancy Counselling

Domestic Violence Advocacy LAMP Support Service- WH

*(Court Support and FVRO’s*) (Perinatal Mental Health)

Rural Support Services:

***Clients residing in the Shires*** *of Morawa, Mingenew, Coorow, Yalgoo, Three Springs, Carnamah, Perenjori. (Includes: grief and loss, adolescent issues, relationship, parenting, self esteem and*

*building confidence, mental health including anxiety and depression)*

**Low cost services:** *$45 for waged and $20 holder of health care card, per session. Payment required on day of session.*

Individual Womens Counselling (Geraldton)

*(Up to 6 weeks, includes: self esteem, confidence, stress, anxiety, depression, grief, assertiveness and personal, emotional and relationship issues)*

***It is standard practice that we send appointment reminders to clients the day prior to their appointment. Please advise reception if you do not wish to receive appointment reminders for safety reasons.***

**Reason for referral /brief history**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Relevant medical history:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Referring agency information:**

Person making referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_

Referral source requires feedback from Desert Blue Connect. Yes / No

Are there support services currently assisting this client? Yes / No

What / who are these services: (e.g. GP/Psychologist/Psychiatrist/Central West Mental Health Services (CWMHS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please forward the referral to Desert Blue Connect via:

Email: info@desertblueconnect.org.au

**Office use only:**

 Best Practice > Notes entry  CAS No: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $20  $45 - **WH Costs**

**Triage**

Message left \_\_\_\_ / \_\_\_/20\_\_\_ - \_\_\_\_ / \_\_\_/20\_\_\_ - \_\_\_\_ / \_\_\_/20\_\_\_

Appointment made \_\_\_\_ / \_\_\_/20\_\_\_

No Contact \_\_\_\_ / \_\_\_/20\_\_\_

Allocated Counsellor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appt date / time: / / 20\_\_\_\_ & \_\_\_:\_\_\_ am/pm