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

### Client Name: Mr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other name Alias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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

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

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

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability:** YesNo Not asked

**Type of disability:** Physical Sensory Psychiatric

NeurologicalIntellectual

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Agency information**

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

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

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

Referrer requires attendance record: YesNo Not asked

Is your client aware of this referral? YesNo

**People affected by the Man’s Behaviour**

(*List of children immediate under their primary adult carer)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Name  | First Name | D.O.B | Address | Phone | Relationship to man  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Crimes against person** | **Property crimes**  | **Other forms of abuse**  |
|  Physical [causing injury]  |  Property damages [serious]  |  Emotional  |
|  Physical [not causing injury] |  Property damage [minor] |  Verbal |
|  Sexual |  Theft  |  Social |
|  Stalking  |  Other: |  Financial |
|  Threats |  |  Spiritual |
|  Pet abuse  |  |  Other: |
|  |  |  |

**Behaviour**

*(Please tick all forms of behaviour used and provide details at the bottom of each column)*

**Further details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Background Information:**

|  |
| --- |
| **Summary of past and present community services involvement with the man:** |
| Alleged protective concerns, substantiation and nature of interventions that have been recorded. Please record chronologically from first to most recent. |
|  |

|  |
| --- |
| **Summary of services that the man has previously used:***Such as drug and alcohol services, mental health services, parenting services.* |
|  |

|  |
| --- |
| **Summary of presenting issues leading to this referral:** |
|  |

|  |
| --- |
| **Summary of current case plan:**  |
|  |

|  |
| --- |
| **What attitudes, beliefs and behaviours does the man need to address?** |
|  |

|  |
| --- |
| **Safety concerns:** |
|  |

**Please forward the referral to Desert Blue Connect**: Email: mcis@desertblueconnect.org.au

**Office use only:**

  CAS No: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to call (1) \_\_\_:\_\_\_ am/pm (2) \_\_\_:\_\_\_ am/pm

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

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

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

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