



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

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

**DOB:**     /     /     (Sex assigned at birth) Male  Female

**Gender identity:** Male  Female  Non-binary  Other

**Diversity:** LGBTIQA

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

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

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

**Ethnicity:** ATSI  (Aboriginal/Torres Strait Islander)     CALD  (Culturally & Linguistically Diverse)     OTHER  (Anglo-English speaking)

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

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

**If safe - Do you consent to receiving text messages:** Yes / No

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

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

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

**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)*

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

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

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

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

Are there support services currently assisting this client, what / who are these services: (e.g. GP/Psychologist/Psychiatrist/Central West Mental Health Services (CWMHS) \_\_\_\_\_

Women's Health Clients only - (Please circle)			
Medicare No: _____	IRn: _____	Exp date: / / 20	
Marital Status: Single Married Separated/Widowed De facto Partner			
Employment: Employed Yes / No	Full-time Part-time/casual		
Low Income: Yes / No	Parent / Carer: Yes / No		
Centrelink payment: Yes / No			
Healthcare/pension concession no:	Exp date: / / 20__		
Study: Yes / No	Full-time Part-time		
Homeless: Yes / No			
No. of dependent children:	Ages of children:		
Disability: Yes / No			
Disability categories:	Physical	Sensory	Psychiatric
	Neurological/Cognitive		Intellectual
Are you a care for anyone other than dependent children:	Yes / No		
Specify who:			

**How did you hear about us: Please circle**

Internet search (google or similar)      Facebook      Website  
 Newspaper      Radio      Friends or family

Please forward the referral to Desert Blue Connect via: Email: [info@desertblueconnect.org.au](mailto:info@desertblueconnect.org.au)

<b>Staff use only:</b>	
<input type="checkbox"/> CAS No: _____	Reconnecting Client: Yes / No
<input type="checkbox"/> Best Practice	WH Costs : <input type="checkbox"/> \$20 <input type="checkbox"/> \$45
Message left: _____ / ____ /20	- _____ / ____ /20 - _____ / ____ /20
Appointment made: _____ / ____ /20	
No Contact: _____ / ____ /20	
<b>If safe Client consents to Text messages:</b> _____ / ____ /20	
Allocated Counsellor: _____	
Appt date / time: _____ / ____ / 20 & _____ : _____ am / pm	