### 

### Date of Referral:

Client Name: Phone:

Address: DOB:

How did you hear about us?

* MCIS Facebook
* Website
* Newspaper
* Radio
* Police Advised
* Recommended from friends/family
* Referred from other agency:
* Other (Please Specify):

**Ethnicity:** ATSI □ CALD □ OTHER □

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

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

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

Email address:

**Disability:** YesNo Not asked

**Type of disability:** Physical Sensory Psychiatric

NeurologicalIntellectual

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

Name:

Address:

Phone:

**Agency information**

Person making referral: \_Self/ Staff:

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 |
|  |  |  |  |  |  |
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| --- | --- | --- |
| **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  Argument grabbed by her shirt | Financial |
| Threats |  | Spiritual |
| Pet abuse |  | Strangulation |

**Behaviour**

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

**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:** |
|  |

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

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

**Please forward the referral to Men’s Services email:** [mcis@desertblueconnect.org.au](mailto: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