

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  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

**Do you consent to receiving text SMS messages/reminders: 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 Family Violence Counselling  Child Sexual Assault Therapy

Domestic Violence Support and Advocacy  Rural Support Services:

(Court Support, FVRO's, Long term Support)

***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)***

General Nurse Consult  Looking after Mum's Support Services

Unplanned Pregnancy Counselling  Womens Health Doctor

Individual Womens Counselling

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

**Low-cost WH counselling fee:** Concession card \$10, Casual/Part time employment \$20, Full time employment \$40 - Payable on the day of your appointment!

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))

| All clients to complete (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 card:  | Exp date: ____ / ____ / 20____            |
| 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)

| Staff use only:   |  |
|---|--|
| <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____ | <b>Set up SMS :</b> Yes / No   |
| Allocated Counsellor: _____   |  |
| Appt date / time: ____ / ____ / 20____ & ____:____ am / pm            |  |