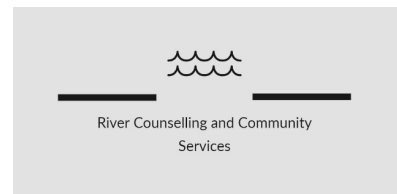


Service Referral

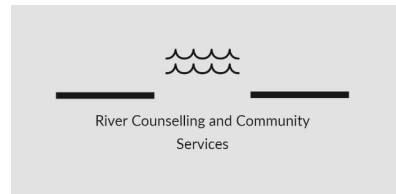


Please complete this referral and return to admin@rivercommunityservices.com.au

Please tick which service you are looking for:

- : Counselling and Mental Health Services: Complete Section 1, 2 and 3
- : Mentoring or Coaching: Complete Section 1, 2 and 3
- : Parent and Carer Programs: Complete Section 1, 2 and 3
- : Restoration/ Parenting Support: Complete Section 1, 2 and 3
- : Step by Step Foster Care Assessment/Review, Shared Lives Training: Complete Section 1 and 3
- : Family Group Conferencing: Complete Section 1 and 3
- : Aboriginal Cultural Planning: Complete Section 1 and 3
- : Professional Supervision: Complete Section 1 and 3
- : Positive Behaviour Support: Complete Section 1 and 3 and attach a copy of NDIS Plan.
- : Community Access: Complete Section 1 and 3 and attach a copy of NDIS Plan.
- : In Home Supports: Complete Section 1 and 3 and attach a copy of NDIS Plan.
- : Psychology: Complete Section 1 and 3 and attach a copy of NDIS Plan.
- : Speech Therapy: Complete Section 1 and 3 and attach a copy of NDIS Plan.
- : Occupational Therapy: Complete Section 1 and 3 and attach a copy of NDIS Plan.
- : Support Work: Complete Section 1 and 3 and attach a copy of NDIS Plan.

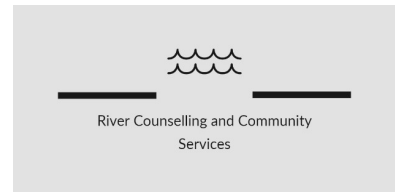
Service Referral



SECTION 1: (Family members or couples can go on the same referral)

Name:		Name:	
DOB:		DOB:	
Gender:		Gender:	
Cultural Background:		Cultural Background:	
Address:		Address:	
Suburb:		Suburb:	
Post Code:		Post Code:	
Contact Number:		Contact Number:	
Email Address:		Email Address:	
Emergency Contact:		Emergency Contact:	
Emergency Co no.:		Emergency Co. no.:	
NDIS Plan No.		NDIS Plan No.	
If through NDIS, how many hours of support are you looking for in total?		If through NDIS, how many hours of support are you looking for in total?	
If through NDIS, please detail plan manager, COS or person managing plan and their contact:		If through NDIS, please detail plan manager, COS or person managing plan and their contact:	
Medicare Card No.:		Medicare Card No.:	
Expiry Date:		Expiry Date:	
Primary Language:		Primary Language:	
Is assistance required with reading and writing?		Is assistance required with reading and writing?	
Please briefly outline the support requested:			

Service Referral



Section 2: For Counselling, Mentoring and Coaching sessions, please answer the following:

What are the current presenting challenges that you are experiencing?

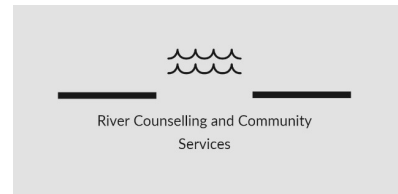
Do you have any health or mental health diagnoses? If so, please list them:

Have you previously engaged with a counsellor or psychologist? If so, who and when?

Do you have a family history of mental health? If so, what?

Have you self-harmed in the past? If so, when and how?

Service Referral



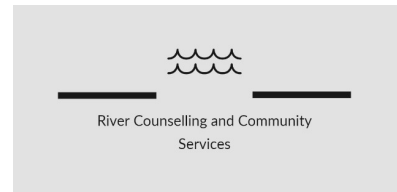
Have you experienced suicide ideation or attempted suicide in the past? If so, when?

Do you use drugs or alcohol? If so, what and how often?

What are your goals in our work together?

Is there anyone you would like to keep updated on our progress together? If so, who and what is their relationship to you?

Service Referral



Section 3:

River Counselling and Community Services is a voluntary service. By signing this referral, the referrer confirms that the above information is true and accurate to their current knowledge.

Name:	
Signature:	
Date:	

Has someone assisted you in filling out this form? If so, please provide details below:

Name:	
Relationship to referred:	
Contact Details:	
Signature:	
Date:	

Section 4: Office Use Only

Referral Received:	
Outcome:	
Allocated to:	
Signed:	
Date:	