

Client Details		
Full name:	Date of birth:	
Home phone:	Mobile:	
Email:	Gender identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify)	
Address:	Is the client of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Country of birth:	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No Language:	
Alternative contact person:	Relationship to client:	
Phone number:	Relationship status:	
Other relevant client details (with permission from client to share):		
Other people in your household:		
Name	Date of birth	Relationship

Client History and Wellbeing

Does the client have a history of:

- Legal offences
- Illegal substance abuse
- Victim of abuse
- Past or present contact with DCP

- Harm or threat to self or others
- Perpetrator of abuse
- Other (please provide details)

Please provide further details of the above:

Please provide details of any diagnosed medical or health conditions (e.g. mental and physical health, disability, or current medications):

Please provide details of any other factors that are currently impacting client? (e.g. finances or housing)

Primary reason for referral:

- Referral and advocacy to specialist services
- Counselling for problems in primary relationship

- Counselling for problems in other relationships
- Improving family relationships
- Increase skills and knowledge in communication

Please provide further details of the above:

What goals and outcomes does the client hope to achieve?

Referrer Details	
Full name of referrer:	Agency/organisation:
Phone number:	Email:
Have you obtained consent to refer this client? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please submit this completed referral form to mfr@unitingsa.com.au.

For any enquiries please contact: (08) 8440 2299

Please be aware that submitting a referral does not guarantee acceptance into the program.

Referrals will be responded to within 5 working days. If accepted, contact will be made with the referred client within 10 working days.

Thank you.