Nunkuwarrin Yunti of South Australia Inc.

Approval Date	28/02/2023	Review Date	28/02/2028
Responsible Manager	General Manager Social & Emotional Wellbeing		

Harm Minimisation External Referral Form

Please FAX completed Form to: Attention to ***Harm Minimisation Team*** (08) 8359 2414
Or EMAIL the completed Form to: hmt@nunku.org.au
If you are emailing this form, please use an encrypted email system to protect the client's privacy.

CLIENT DETAILS

Given Name(s): _____ **Family Name:** _____

Preferred Name(s): **If different from given name** _____ **Date of Birth:** ____/____/____

Please Select: ☐ **Aboriginal** ☐ **Torres Strait Islander** ☐ **Non-Aboriginal member of an Aboriginal family**

Address: _____

Telephone (Home) _____ **Telephone (Mobile)** _____

Email: _____

REFERRER

Referrer Name: _____ **Organisation:** _____

Position/Role: _____ **Date of Referral:** ____/____/____

Phone Contact: _____ **Fax Number:** _____

Email: _____

Has the client consented to this referral?	☐ YES ☐ NO If NO you need to seek and receive consent prior to referring.

PLEASE LIST ANY OTHER SERVICES THAT THE CLIENT IS LINKED WITH: (i.e. DCP, NDIS)

Name of Service	Contact Details (If Known)

REFERRAL INFORMATION

Reason for Referral:

What does your client expect from this referral? Please state type of support required:

(Including history, health status, support networks, other agencies involved, physical or mental health issues and any risk issues for client or workers)

List substances of concern.

For example, methamphetamines, alcohol etc.

Is participation compulsory? ☐ Yes ☐ No

If 'Yes', provide details: _____

Who is the regulatory body? What are the conditions of the order? What services are involved?
Any other relevant information:

Do you require feedback on this referral? ☐ **Yes** ☐ **No**

NUNKUWARRIN YUNTI ADMINISTRATION USE ONLY

Date referral received:	____/ ____/ _____	Received by:	
Date referral allocated:	____/ ____/ _____	Allocated to:	
Date scanned into Communicare:	____/ ____/ _____	ID#:	
Feedback to referrer (if requested):	____/____/_____		