



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): _____ Preferred Name(s): _____ <small>If different from given name</small>	Family 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: _____ Position/Role: _____	Organisation: _____ Date of Referral: ___/___/___
Phone Contact: _____	Fax Number: _____
Email: _____	
Has the client consented to this referral?	<div style="text-align: center;"> YES NO If NO you need to seek and receive consent prior to referring. </div>
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):	___/___/___		