

COUNSELLING PREFERENCE (please note this is not always guaranteed. Tick as many boxes as needed)

Male Counsellor

Female Counsellor

Either

Location:

South

City

North

Counselling:

Face to Face

Telephone

ADDITIONAL IMPORTANT INFORMATION

Social History (Family, Marital, Housing etc)

Family History of Mental Illness (if any)

Drug and Alcohol History (if any)

Employment/Study History (if any)

Psychiatric History (previous episodes, previous diagnosis, admissions, orders etc), Medications & other relevant Medical History

Risk Assessment					
To self:	None	Low	Moderate	Significant	Extreme
To others:	None	Low	Moderate	Significant	Extreme

PLEASE LIST ANY OTHER SERVICES THAT THE CLIENT IS LINKED WITH:(i.e. DCP, NDIS)	
Name of Service	Contact Details (If Known)

NUNKUWARRIN YUNTI ADMINISTRATION USE ONLY			
Date referral received:	___/___/___	Received by:	
Date referral allocated:	___/___/___	Allocated to:	
Date scanned into Communicare:	___/___/___	ID#:	