



Approval Date	23/07/2020	Review Date	23/07/2021
Responsible Manager	Mental Health Recovery Team Manager		

PAANTHI – MENTAL HEALTH COUNSELLING REFERRAL FORM

CLIENT PERSONAL INFORMATION

Given Name: _____ Surname: _____

Preferred Name: _____ Date of Birth: ____/____/____

(If different from given name)

Gender Identity: Male Female Other: _____

Country of Birth: _____

Please tick: Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander
 Non-Aboriginal Member of Aboriginal family

Language Group: _____

Are you or a family member a part of the Stolen Generation? Yes No Unsure

Address: _____

Suburb/Town: _____ Post Code: _____

Telephone: *(Best contact)* _____ Telephone: *(Other)* _____

REFERRAL REASON

Please provide a brief description explaining why you are accessing our service, as well as completing the second page:

REFERRER INFORMATION

Referral Type: Self-Referral Family/Carer Worker

Referrer contact details *(if not self)* Name: _____

Phone: _____ Email: _____

Relationship/Role: _____

Has the client consented to this referral? Yes No

Do you want updates about this referral? Yes No

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)

Medication and Medical History (if any)

Psychiatric History (previous episodes, previous diagnosis, admissions, orders etc)

Risk Assessment

To self: None Low Moderate Significant Extreme

To others: None Low Moderate Significant Extreme

ADDITIONAL CARER, SERVICES, AND SUPPORT DETAILS

Name: _____

Role/Agency: _____

Contact: _____

By agreeing to this referral, please sign and date to consent to having the details on this Form stored in Nunkuwarrin Yunti's client information system, and the referral discussed with the referrer.

Signature:

Date:

IN AN EMERGENCY PLEASE CALL 000 OR THE MENTAL HEALTH TRIAGE SERVICE ON 13 14 65

Please fax this Form to: 08 8186 1548

If you are unable to fax, please email referral to paanthiadmin@nunku.org.au

Phone Enquiries: 8392 3500