



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: _____

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

Language Group *(required)*: _____

Address: _____

Suburb/Town: _____ Post Code: _____

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

COUNSELLING PREFERENCE (please note this is not always guaranteed, tick as many boxes as needed):

Male ☐ Female ☐

South ☐ City ☐ North ☐

Face -to-face ☐ by phone ☐

REFERRER INFORMATION

Referral Type: ☐ Self-Referral ☐ Family/Carer ☐ Worker

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

Phone: _____ Email: _____

Relationship/Role: _____

Has the client or parent/guardian consented to this referral? ☐ Yes ☐ No

Do you want updates about this referral? ☐ Yes ☐ No

Are you currently registered or receiving: NDIS ☐ Yes ☐ No

DSP ☐ Yes ☐ No

ADDITIONAL CARER, SERVICES, AND SUPPORT DETAILS

Name:			
Role/Agency:			
Signature:		Contact No:	

REFERRAL REASON

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

ADDITIONAL IMPORTANT INFORMATION

Social History (*Family, Marital, Housing etc*)

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 ☐

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.

**Client
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 Form to paanthiadmin@nunku.org.au

Phone Enquiries: 8392 3500