GLADSTONE WOMEN'S HEALTH CENTRE REFERRAL FORM

Please email this form to: **intakes@gladstonewomenshealth.org.au**

PERSON MAKING REFERRAL:	
Name:	
Position:	
Organisation:	
Contact Number:	
Email Address:	
Preferred Method of Feedback:	☐ Email ☐ Phone ☐ No Feedback
CLIENT DETAILS:	
Name:	☐ Male ☐ Female ☐ Other
Date of Birth:	
Address:	
Postal Address (if different):	
Home Phone:	☐ Preferred Contact
Mobile Phone:	☐ Preferred Contact
Email Contact:	☐ Preferred Contact
Is it safe to leave a message?	☐ Voicemail ☐ SMS ☐ Postal
Does the client have dependent/s? ☐ No ☐ Yes If so, state age/s and gender/s:	
PREVIOUS COUNSELLING DETAILS:	
Has the client previously accessed services at Gladstone Women's Health? ☐ No ☐ Yes If so, for which support service? ☐ Sexual Assault ☐ General Women's Health ☐ Domestic & Family Violence Approximately, when did this occur?	
DOMESTIC AND FAMILY VIOLENCE:	
Is there any current or historical domestic and family violence? ☐ No ☐ Yes If yes, please briefly describe: Name of Perpetrator (if known):	

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SAFETY/RISK ASSESSMENT:
Do you have any immediate concerns for the safety of your client or her children? ☐ No ☐ Yes *(eg. Adult survivor of child sexual assault, child victim of child sexual assault or adult sexual assault survivor?)* If so, please describe briefly:
SELF HARM:
Is there any history of self-harm? ☐ No ☐ Yes *(eg. Cutting, eating disorders, intentional overdose, suicide attempts)* If so, please describe briefly:
SUBSTANCE ABUSE:
Does the client have a history of any drug or alcohol abuse? ☐ No ☐ Yes If so, please describe briefly:
SUPPORT SERVICES:
Is the client currently engaged with any other support services? ☐ No ☐ Yes *(eg. UCC, Mental Health, Women's Refuge, etc)* If so, please describe briefly:
REASON FOR REFERRAL AND ANOTHER OTHER AREAS OF CONCERN:

Australian Privacy Principle #5: Notification of the collection of personal information.

☐ I have notified the client regarding the nature of the information disclosed on this form and the client is fully aware of this referral.

Signature: _____ Date: _____