

**Complete this form to access Family & Relationship services within Ballarat and the Western Regions of Victoria; Ballarat, Hamilton, Mildura & Warrnambool**

## Referral / Intake Form – Family & Relationship Services

### Section 1. Referral

1a. Date:	
Referrer's name if applicable:	Referring agency:
Phone:	Email:
1b. Client Name:	Preferred pro-noun: She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/>
Date of Birth:	Contact Phone:
Address:	
Specific considerations relating to client contact:	
Country of birth:	Aboriginal or Torres Strait Islander decent Yes <input type="checkbox"/> No <input type="checkbox"/>
1c. Parent/Guardian name if applicable:	Relationship to client:
Parent/Guardian contact details:	
<b>Consent</b> has the client provided consent for this referral Yes <input type="checkbox"/> No <input type="checkbox"/>	

1c. Please indicate applicable services/s:

Counselling  Family Therapy  Parenting Support  Parenting group program  Self-development group program

1d. Reason for contact/presenting needs:

1e. Do you consider yourself/your client to currently be at risk? Yes  No

If yes, please provide detail:

1f. Goals/anticipated outcomes:

1g. Are you/your client currently engaged with other mental health support? Yes  No

Details:

**Please forward referral to intake email [andrea.clarke@centacareballarat.org.au](mailto:andrea.clarke@centacareballarat.org.au)**

**Referral queries – please call 1300 303 988**

#### Office use only

Allocation: Team

Date:

Conclusion: