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Referral Form for a **Child/Adolescent**

Amanda Hicks

 Accredited Social Worker

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| **Date of Referral:** Click here to enter a date.  |
| **Referred By:** Self [ ]  Doctor [ ]  Other [ ]  **Referral Details:** Click to enter text**Phone No:** Click to enter text**Reason for Referral:**  Click to enter text |

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| **Child Details** |
| **Name:** Click to enter text | M [ ]  F[ ]  Other [ ] DoB: Click to enter date  |
| **Name of current Carer/s:**Click to enter text | **Address:**Click to enter text |
| **Phone:**Click to enter text | **School & Year Level:** Click to enter text |
| **Email:** Click to enter text |
| **Who does the child live with?** Click to enter text |
| **Medicare Number:** Click to enter text  **Expiry Date:** Click to enter text **Your number:** Click to enter |
| **Are there any court orders in place?** Y[ ] N [ ] Please provide a copy |

**Reason for referral/support**

[ ]  Behaviour Support Plan

[ ]  Behaviour Management

[ ]  Attachment Difficulties/Parent

[ ]  Childhood/adolescent anxiety

[ ]  Loss, grief/child/ adolescent

[ ]  Learning Difficulties

[ ]  Other (please specify) Click to enter text

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| Family Details  |
| **Name:** Click to enter text | **Relationship to Child:** Click to enter text |
| **Address:** Click to enter text | **Phone Number:** Click to enter text |
| **Country of Birth:** Click to enter text | **Interpreter Needed:** [ ] Yes [ ]  No |
| **Name:** Click to enter text | **Relationship to Child**: Click to enter text |
| **Address:** Click to enter text | **Phone Number:** Click to enter text |
| **Country of Birth:** Click to enter text | **Number of siblings, name and ages:** Click to enter text |
| **Is the child in care?** Y [ ]  N [ ] **Which organisation?** Click to enter text**Name of Caseworker:** Click to enter text **Phone/Email:** Click to enter text |

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| Physical History  |
| **General Health:** Click to enter text |
| **Are you currently under a doctor’s care?**  Yes[ ] No [ ]  **Reason for care?** Click to enter text**Phone Number:** Click to enter text |
| **Do you see any other Allied Health Professionals?** Yes[ ]  No [ ]  **Reason for care?** Click to enter text**Phone Number:** Click to enter text |
| **Describe your exercise routine:** Click to enter text |
| **Do you take any medication, prescribed or over the counter?** Click to enter text |

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| Medical History  |
| **Have you ever been diagnosed with a mental illness?**  Yes[ ]  No[ ] **If yes, what was the diagnosis?** Click to enter text**Who was the treating professional?** Click to enter text |
| **Have you ever been hospitalised for a mental illness?**  Yes[ ] No [ ]  **Please explain:** Click to enter text |
| **Do you see any other Allied Health Professionals?** Yes[ ]  No [ ]  **If yes, who do you see?** Click to enter text**Reason for care?** Click to enter text |
| **Do you have an addiction that has been diagnosed?** Yes[ ]  No [ ] **Please explain:** Click to enter text |
| **Do you use any recreational drugs?** Yes[ ]  No [ ] **Please explain:**  Click to enter text |
| **Do you drink alcohol?** Yes[x]  No [ ] **Please explain:**  Click to enter text |
| **Have you made any past attempts at suicide or self harm?** Yes[ ]  No [ ] **Please explain:** Click to enter text**Do you currently have any thoughts of suicide or self harm?**  Yes[ ]  No [ ]  |

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| Counselling History  |
| **Have you ever had any counselling in the past?**  Yes[ ]  No[ ] **If yes, what was the reason?** Click to enter text**Who was the treating professional?** Click to enter text**Do you currently receive counselling/therapy?** Yes[ ]  No[ ]  |
| **Why have you decided to come to Awen Counselling & Advocacy?**   **Please explain:** Click to enter text |
| **What would you like to experience that is different from what you are experiencing now?** **Please explain:** Click to enter text |
| **What would you like to work on in therapy?** **Please explain:** Click to enter text |

**Fees**

Are you an NDIS Participant? Agency [ ]  Plan [ ]  Self [ ]

NDIS Number? Click to enter text

If plan managed who with? Click to enter text

**Referral and Quote information**

Awen Counselling & Advocacy Pty Ltd will provide a quote upon receipt of a completed referral form.

Awen Counselling & Advocacy Pty Ltd will request all **relevant documentation**, which can be sent via email prior to making your appointment. Such documentation can include previous assessment reports, court documents, care plans, file notes.

**Where to send information**

 contact@awencounselling.com.au

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