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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?**  YN  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?**  YesNo  **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?**  YesNo  **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 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**

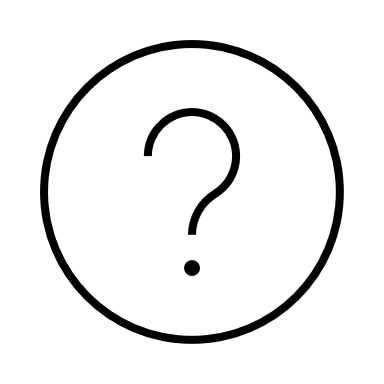
Awen Counselling & Advocacy Pty Ltd will provide a quote upon receipt of a completed referral form.

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](mailto:contact@awencounselling.com.au)

 PO Box 357, Broadbeach QLD 4218

 0434 151 864