KATUNGUL WOMEN'S HEALING CENTRE REFERRAL FORM

PLEASE FILL OUT THIS SECTION IF YOU ARE AN ORGANISATION OR SERVICE REFERRING A CLIENT TO THE KATUNGUL WOMEN'S HEALING CENTRE:

REFERRER DETAILS:

REFERRER NAME: _____

WHERE YOU WORK: _____

YOUR EMAIL AND PHONE: _____ / _____

REASON FOR INTAKE/REFERRAL:

_____

_____

_____

HAS THE CLIENT AND/OR STUDENT GIVEN CONSENT FOR THIS REFERRAL? YES □ NO

DOES THE PARENT/GUARDIAN CONSENT TO THIS REFERRAL? YES □ NO □ N/A □

CLIENT DETAILS:

FULL NAME: _____ DOB: _____

PREFERRED NAME: _____ IS THIS A SELF REFERAL? YES □ NO □

GENDER: FEMALE □ NON-BINARY □ PREFER NOT TO SAY □

PHONE: _____ EMAIL: _____

ADDRESS: _____

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE): _____

EMERGENCY CONTACT: _____

CONTACT NUMBER: _____ DO THEY LIVE WITH THE CLIENT: YES □ NO □

IS IT SAFE FOR STAFF TO CONTACT THE INDIVIDUAL DIRECTLY AT THIS TIME? YES □ NO □

FURTHER DETAILS: _____

ETHNICITY: ABORIGINAL □ TORRES STRAIT ISLANDER □ BOTH □ NON-INDIGENOUS □

IF NON-INDIGENOUS, DO THEY MEET THE ELIGIBILITY CRITERIA: YES □ NO □

- A PARENT OR GUARDIAN OF AN ABORIGINAL AND/OR TORRES STRAIT ISLANDER PERSONS UNDER 16 YEARS
- CURRENT EXPERIENCES WITH DOMESTIC AND FAMILY VIOLENCE AND/OR SEVERE HOMELESSNESS

ARE THERE ANY KNOWN RISKS OR CONSIDERATIONS? YES □ NO □ UNKNOWN □

(E.G. SAFETY CONCERNS, PROTECTION ORDERS, MEDICAL ALERTS, LEGAL MATTERS)

FURTHER DETAILS: _____

PLEASE SEND THE REFERRAL FORM TO THE FOLLOWING EMAIL: KWHC@KATUNGUL.ORG.AU

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CLIENT INFORMATION:

DOES THE CLIENT IDENTIFY HAVING A DISABILITY? YES □ NO □

FURTHER DETAILS: _____

ARE THERE ANY MOBILITY CONCERNS? YES □ NO □

FURTHER DETAILS: _____

DOES THE CLIENT HAVE ANY CURRENT DIAGNOSED MENTAL HEALTH CONDITIONS? YES □ NO □

FURTHER DETAILS: _____

IS THE CLIENT REQUIRED TO TAKE MEDICATION TO SUPPORT THIS? YES □ NO □

DOES THE CLIENT USE LEGAL, RECREATIONAL AND/OR ILLICIT SUBSTANCES? YES □ NO □

FURTHER DETAILS: _____

DOES THE CLIENT IDENTIFY HAVING ANY INVOLVEMENT WITH THE LEGAL SYSTEM? YES □ NO □

FURTHER DETAILS: _____

DOES THE CLIENT HAVE ANY CHILDREN IN THEIR CARE? YES □ NO □

DOES THE CLIENT HAVE ANY PETS CURRENTLY IN THEIR CARE? YES □ NO □

*PLEASE BE ADVISED WE ARE UNABLE TO SUPPORT PETS AT THIS TIME

CLIENT SAFETY AND WELFARE:

DOES THE CLIENT HAVE SOMEWHERE SUITABLE TO STAY IN THE INTERIM? YES □ NO □

FURTHER DETAILS: _____

ARE THERE CURRENT CONCERNS TO THE CLIENTS IMMEDIATE SAFETY? YES □ NO □

FURTHER DETAILS: _____

HAS A SAFETY PLAN BEEN COMPLETED WITH THE CLIENT? YES □ NO □

*IF A SAFETY PLAN HAS BEEN CREATED WITH THE CLIENT-PLEASE PROVIDE A COPY WITH THE REFERRAL

FURTHER DETAILS: _____

_____

HAVE ANY OTHER REFERRALS BEEN MADE ON BEHALF OF THE CLIENT? YES □ NO □

FURTHER DETAILS: _____

_____

DOES THE CLIENT HAVE ANY PROTECTION ORDERS IN PLACE? YES □ NO □

FURTHER DETAILS: _____

DOES THE CLIENT HAVE ANY FAMILY AND/OR PARENTING ORDERS IN PLACE? YES □ NO □ N/A □

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KATUNGUL WOMEN'S HEALING CENTRE REFERRAL FORM

PLEASE COMPLETE ALL SECTIONS OF THE KATUNGUL WOMEN'S HEALING CENTRE REFERRAL FORM.
CONSENT MUST BE AGREED UPON AND/OR SIGNED BY THE CLIENT FOR THE REFERRAL TO BE APPROVED.

REFERRER SIGNATURE: _____ DATE: _____

CLIENT FULL NAME: _____

SIGNATURE: _____ DATE: _____

WAS THE REFERRAL CONSENTED TO VERBALLY? YES □ NO □

DO YOU GIVE CONSENT FOR KATUNGUL STAFF TO CONTACT EXTERNAL ORGANISATIONS ON YOUR BEHALF? YES □ NO □

DO YOU GIVE CONSENT FOR KATUNGUL STAFF TO PROVIDE AND/OR REQUEST RELEVANT INFORMATION ON YOUR BEHALF? YES □ NO □

THE KATUNGUL WOMEN'S HEALING CENTRE HAS A TRIAGE PROCESS FOR INCOMING REFERRALS. THIS PROCESS CAN TAKE UP TO FIVE WORKING DAYS TO ENSURE THAT WE ARE ABLE TO REVIEW THE SUITABILITY OF THOSE WHO ARE WANTING TO ACCESS THE SERVICE.

IT IS AT THE DISCRETION OF THE SERVICE WHETHER THE REFERRAL WILL BE ACCEPTED AS WE MUST CONSIDER THE SAFETY AND PRIVACY OF THE RESIDENTS AND THE KATUNGUL WOMEN'S HEALING CENTRE STAFF.

DURING THE TRIAGE PROCESS THE STAFF MAY CONTACT THE CLIENT DIRECTLY TO CONFIRM THAT THEY ARE WILLING TO CONTINUE THE REFERRAL PROCESS TO ACCESS THE KATUNGUL WOMEN'S HEALING CENTRE. STAFF MAY ALSO CONTACT THE CLIENT TO SCHEDULE AN INTAKE ASSESSMENT.

IF THE CLIENT HAS RESIDED WITHIN THE KATUNGUL WOMEN'S HEALING CENTRE PREVIOUSLY, ALL PRIOR INFORMATION WILL BE REVIEWED AND CONSIDERED AS TO THE OUTCOME OF THE REFERRAL. IF THE CLIENT IS UNABLE TO ACCESS THE KATUNGUL WOMEN'S HEALING CENTRE, THEY MAY BE REFERRED TO ALTERNATIVE SUPPORTS TO ENSURE THAT THERE IS CONTINUITY OF CARE BEING OFFERED.

KATUNGUL ABORIGINAL CORPORATION REGIONAL HEALTH AND COMMUNTIY SERVICES PROVIDE HOLISTIC HEALTH CARE AND IT IS AT THE DISCRETION OF THE CLIENT WHETHER THEY ACCESS THE RECOMMENDED AND/OR REFERRED SERVICES. THE CLIENT HAS THE RIGHT TO WITHDRAW THEIR CONSENT AT ANY TIME WHILE ACCESSING KATUNGUL ABORIGINAL CORPORATION REGIONAL HEALTH AND COMMUNITY SERVICES.

THIS IS TO BE COMPLETED BY KATUNGUL ADMINISTRATION ONLY

REFERRAL RECEIVED BY: _____

SIGNATURE: _____ DATE: _____

WAS THE KATUNGUL WOMEN'S HEALING CENTRE REFERRAL ACCEPTED: YES □ NO □

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