

Client's Details

First Name: _____ Last Name _____

Date of birth _____ Age _____ Gender _____

Aboriginal or Torres Strait Islander (Y / N) Ethnicity _____

Client's contact details

Address _____ Suburb _____ Postcode _____

Phone _____

Client's emergency contact / support person / next of kin

First Name _____ Last Name _____

Address _____ Suburb _____ Postcode _____

Phone _____ Email _____

Referrer details (do not complete if this is a self-referral)

First Name _____ Last Name _____

Service _____ Phone _____

Email _____

Date of Referral: _____

Mental Health concerns (brief history, diagnosis, support needs)

Alcohol and/or other drug concerns (brief history, substance, support needs)

Other relevant information (Risks or Alerts)