

Pelican Arts 1-1 Art Therapy Referral Form

Confidential information

All information is kept private unless you give permission to share it.



Client information

Given Name:	Surname:
Preferred name:	Gender:
Date of Birth:	Country of birth:
Address:	
Client Phone Number:	Email address:
Emergency contact Name:	Phone:
Relationship:	
Allergies:	
Special access or communication requirements:	
Funding source (if applicable)	
Is an interpreter required Y / N What language?	
Please provide any information about disability, chronic medical or mental health condition?	
What mental health concerns or recent events have prompted you to make this referral?	
What are the person's goals for therapy?	
Are there any other mental health professionals involved in this person's care? Y / N	

* please read accompanying document information for clients.

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Referrer Information

Name of referrer:	Will you continue to work with the person? Y/N
Relationship to client:	
Referrer Contact:	
I Declare that the above mentioned client is aware of this referral and consents to providing this information.	
Signed:	Date:
Name:	

Please send the completed form to

kate@pelicanarts.com.au

or

PO Box 719 Mildura Vic 3502

Once received we will acknowledge the referral either by telephone or e-mail

We will contact the client to discuss the referral within one week.

We will then add the client to our waitlist.