**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. | |

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**](mailto: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.**