

Social & Emotional Wellbeing Referral Form



Albury Wodonga
Aboriginal Health Service

Today's date:

Client Details: **Name:** **DOB:**

Address: **Phone:**

Are Aboriginal | Torres Strait Islander | Both | Parent of Aboriginal Child |

You: Partner of Aboriginal Person

Have you been to AWHS before: Yes | No

Emergency Contact: **Name:** **Phone:**

What would you like support with?

(tick any that apply)

- Alcohol or Other Drug Use
- Mental Health
- Family Violence
- Accessing NDIS
- Stolen Generation
- Counselling

SECTION A	<p>In the last four weeks, have you? <i>(tick any that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Planned to act on any suicidal thoughts <input type="checkbox"/> Had concerns about the safety of yourself of your children <input type="checkbox"/> Thought about of planned to seriously harm someone <input type="checkbox"/> Had someone harm you or your children <input type="checkbox"/> Given birth
	<p>Are you currently pregnant? Yes / No</p>

How would you like to be contacted?

(please consider your safety if you are experiencing Family Violence) (circle an option below)

Call me	Text me	Leave me a voicemail	Contact someone else <small>(Please provide their details below)</small>
Name:		Number:	Relationship to you:

Once this referral has been received, the Intake Worker will contact you (the client) to yarn about what's going on. **YOU DON'T NEED TO DISCLOSE ANY MORE INFORMATION IN THIS FORM.** If you want to, you can leave more information here and overpage:

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Do you consent to the Referrer and Intake Worker sharing information?

Yes No

INTERNAL ONLY

Do you feel safe to go home after this appointment?

Yes No

*If client has selected NO to the above question: ASK CLIENT TO STAY AND CONTACT INTAKE WORKER. Follow 'Internal SEWB Referral Flowchart' for more instruction.

Do not complete this section if you are self-referring

**** FOR CLINICAL REFERRER ONLY ****

Name: _____	Organisation: _____
Position: _____	Email: _____
Number: _____	Relationship to client: _____
What relevant supports or treatments have you provided the client?	
Do you believe the client is currently capable of seriously harming themselves or another person? Why?	
Additional Notes: *recommendations, safety concerns, other referrals, etc.	

- ATTACH ANY RELEVANT DOCUMENTS -

SEND THIS REFERRAL TO: sewb@awahs.com.au