Yorgum Healing Services
176 Wittenoom Street East Perth WA 6004
PO Box 236 Northbridge WA 6854
Phone: (08) 9218 9477 Fax: (08) 9221 0487
Email: referrals@yorgum.org.au
Website: www.yorgum.org.au

Counselling Referral Form

Yorgum employs a team of counsellors to offer counselling and support within a case management framework to Aboriginal and Torres Strait Islander people who are affected by sexual abuse, family and domestic violence and grief and loss.

Yorgum offers creative options for culturally secure therapies whilst operating from a client centred perspective and from a trauma informed approach.

Client Details				
Client Name		Date of Referral		
Gender		Date of Birth		
Address		Contact number 1		
		Contact number 2		
Email				
Does the client have any disabilities?	Yes ☐			No ☐
Language spoken at home		Interpreter required	Yes ☐	No ☐

Aboriginal Status		
Aboriginal ☐	Torres Strait Islander ☐	Aboriginal & Torres Strait Islander ☐
Non-Indigenous with Aboriginal or Torres Strait Islander partner ☐		Non-Indigenous with Aboriginal or Torres Strait Islander children ☐

Parent/Guardian/Carer/Next of Kin Details			
Name		Relationship to client	
Contact Number		Email	

Agency Involvement		
Are there any other services/agencies involved?	Yes ☐	No ☐
Is counselling a mandatory requirement?	Yes ☐	No ☐

Name of Person Making Referral				
Agency referral ☐		Self-referral ☐		
Name of person making referral		Agency		
Position		Relationship to person being referred		
Has this person (or their legal guardian) agreed to being referred to Yorgum?			☐ Yes	☐ No
Address		Phone		
		Mobile		
Email				

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Reason for Referral			
Suicide & Self Harm ☐	Drug &/or Alcohol ☐	Child Sexual Abuse ☐	Redress ☐
Family Violence ☐	Mental Health ☐	Grief & Loss ☐	

THE REFERRED PERSON MUST SIGN THIS FORM.

Signatures			
Referred Person		**Referrer (Agency)**	
Name		Name	
Signature		Signature	

Parent or Legal Guardian of a child under 18	
Name	
Signature	

Please send this referral to Yorgum via the options listed below:

By Email	**By Post**
Please scan and email completed form to referrals@yorgum.org.au	Please post completed form to: Yorgum Healing Services PO Box 236 Northbridge WA 6854

Once completed, the contents of this document are PRIVATE and CONFIDENTIAL.

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Yorgum Office Use Only	
Date referral received	
Date acknowledgment letter sent	
Allocated for action to	
Referral decision/follow up	