Yorgum
HEALING SERVICES

176 Wittenoom Street East Perth WA 6004
PO Box 236 Northbridge WA 6854
Phone: 1800 469 371
Email: referrals@yorgum.org.au
Website: www.yorgum.org.au

Counselling Referral Form

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 ☐
Is the client a carer for a person with disabilities?		Yes ☐	No ☐

Language spoken at home		Interpreter required	Yes ☐	No ☐

Cultural Identify		
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 this referral 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 ☐	Disability Services (Royal Commission) ☐

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 attach any relevant supporting documents with this referral and send to Yorgum via the options listed below:

By Email	By Post
Scan and email the completed form and supporting documents to referrals@yorgum.org.au	Post the completed form and supporting documents to: Yorgum Healing Services PO Box 236 Northbridge WA 6854

The contents of this document are PRIVATE and CONFIDENTIAL.

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