PORT LINCOLN ABORIGINAL HEALTH SERVICE LTD.

SOCIAL AND EMOTIONAL WELLBEING TEAM - REFERRAL FORM

Telephone: (08) 8683 0162 | Email: SEWB@plahs.org.au | Website: www.plahs.org.au

THIS FORM TO BE COMPLETED BY THE REFERRING PERSON/AGENCY & EMAILED TO PLAHS

NAME OF REFERRING PERSON/AGENCY:

EMAIL:

PHONE: | **TODAY'S DATE:**

VERBAL CONSENT RECEIVED FROM CLIENT: YES ☐ NO ☐

CLIENT INFORMATION

GIVEN NAME/S: | **SURNAME:**

DATE OF BIRTH: | **GENDER:**

LANGUAGE SPOKEN: | **PREFERRED LANGUAGE:**

CLIENT ADDRESS:

CONTACT NUMBER:

REFERRING FOR:

☐ CASE MANAGEMENT AND SOCIAL SUPPORT

☐ COUNSELLING/ FAMILY SUPPORT COUNSELLING

PRESENTING ISSUES:

☐ DRUG, TOBACCO & ALCOHOL

☐ FAMILY / RELATIONSHIPS

☐ WELLBEING (MENTAL HEALTH)

☐ LEGAL

☐ SOCIAL SUPPORT

☐ HOUSING

☐ OTHER (PLEASE SPECIFY):

CLIENT CONCERNS:

PLAHS OFFICE USE ONLY

SEWB RECEIVED DATE: | **ONGOING SUPPORT:** YES ☐ NO ☐

NOTIFIED REFERRER: YES ☐ NO ☐

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