



# Culture in Mind Referral Form

You can submit the form to us by email (support@cultureinmind.org.au) or alternatively contact us by telephone (07 3333 2100).

<b>Referral Service:</b> <b>Referrer Name:</b> <b>Address:</b>	<b>Phone:</b> <b>Email:</b> <b>Fax:</b>
<b>Other agencies and/or services involved in the clients care?</b>	
<b>What program or service are you referring the client to?</b> <input type="checkbox"/> Culture In Mind - Individualised Support <input type="checkbox"/> Problem Management Plus (PM+)	
<b>Client Details</b>	
<b>Name:</b>	<b>DOB:</b> <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Address:</b>	<b>Phone:</b> <b>Email:</b>
<b>Languages &amp; Dialects spoken:</b>	<b>Is an Interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity/cultural identity:</b>	<b>Country of birth:</b>
<b>Religion:</b>	<b>Date of arrival in Australia:</b>
<b>Is the client experiencing financial hardship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is the client experiencing homelessness/risk of homelessness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, provide details:</b>	<b>Current/ previous Occupation:</b>  <b>Days unavailable (eg. At TAFE):</b>
<b>Next of kin Name :</b>  <b>Relationship to client:</b>	<b>Address:</b>  <b>Phone:</b>
<b>Reason for referral</b>	
<i>Please provide a brief reason for referral and provide relevant information to the referral which may include: Cultural concerns, Family, carer and community social supports; and wellbeing needs and concerns.</i>	
<b>Mental Health History, including Safety Concerns</b>	
<i>Please provide Mental Health history, include risk factors (including self harm, suicidal ideation, DV, etc):</i>	



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<b>Physical Health Concerns and/or Diagnosis</b>	
<b>Client signature:</b> <b>OR Client Verbal Consent?</b> <input type="checkbox"/> Yes	<b>Referrer signature:</b>
<b>Dated:</b>	<b>Dated:</b>
<b>THANK-YOU for the referral</b>	