

# REFERRAL FORM

*Child, Youth & Family Counselling Team  
Community Health  
Caringbah, Menai, & Engadine  
Telephone: 9522 1000  
Facsimile: 9522 1080*



**SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH**

*A community counselling service for children, adolescents and their families*

CLIENT DETAILS		REFERRER DETAILS	
NAME:		NAME:	
D.O.B.:		ADDRESS:	
ADDRESS:			
Name of Parent/next of kin		PHONE NO:	
		FAX NO:	
PHONE NO:		EMAIL	
School attended & grade		Name of client's usual GP	

- ▶ If the client, in your opinion, is at risk and requires urgent assessment then please ring the Mental Health Acute Care Treatment Team on 9540 7111.
- ▶ Child protection issues should be referred to the DOCS Helpline on 133 627
- ▶ Please ensure that the client or parent/carer has consented to this referral.

### REASON FOR REFERRAL (tick boxes that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adjustment disorders       | <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Behaviour problems         |
| <input type="checkbox"/> Depression                 | <input type="checkbox"/> Developmental queries | <input type="checkbox"/> Domestic violence          |
| <input type="checkbox"/> Eating disorder            | <input type="checkbox"/> Emotional problems    | <input type="checkbox"/> Family relationship issues |
| <input type="checkbox"/> Parenting issues           | <input type="checkbox"/> Post natal depression | <input type="checkbox"/> Social problems            |
| <input type="checkbox"/> Other, please specify..... |  |   |

Additional information (including relevant medical history, medication, other professionals involved) .....

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**PLEASE FAX REFERRAL TO 9522 1080**

*Thank you for your referral*

**South Eastern Sydney and Illawarra Area Health Service**  
ABN 78 390 886 131  
The Sutherland Hospital & Community Health Service  
Child, Youth & Family Counselling Team  
Community Health Caringbah  
Locked Bag 21, Taren Point NSW 2229  
Tel (02) 9522 1000 Fax (02) 522 1080