

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 Acute Care Treatment Team on 9540 7831.
- ▶ Child protection issues should be referred to the DOCS Helpline
- ▶ 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