

PARTICIPANT REFERRAL FORM

Please return completed form to intake@buttery.org.au or fax 02) 6687 1039

SECTION 1. REFERRAL DETAILS

Referral date	Time		
Staff member	Staff me	ember	
name	Phone		
Program/service			
of interest			

Referral organisation d	letails (To con	nplete only if re	eferral from another organ	isation it's been made.)	
Organisation name					
Address					
Hours of operation			Name of program		
Contact name					
Phone			Mob:		
Participant consent for referral	Yes		No		
Reason for referral					
Issues identified by referring agency					
Any risks?	Self-harm:	•	Medium	Low	
	Suicidal:	High	Medium	Low	
	To others:	High	Medium	Low	

Referral made by			
Phone	Face to face	Other (specify):	



SECTION 2. PARTICIPANT CONSENT

Partici	pant	consent
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I, ______ understand and agree for The Buttery to receive my personal details. I understand my involvement in this process is voluntary and I may withdraw at any time. I also understand that I can withdraw my consent at any time. I give consent to share information relating to my treatment and needs.

Date:

Consent type :	Verbal - Date:	Time of consent:
	Written - Time of consent:	

Participant signature:_____

SECTION 3. PARTICIPANT DETAILS

Participant name				Referen	ce #	
Address				Date of	birth	
Phone			Mobile			
Cultural background			Language spoken			
Interpreter required	Yes	No	Gender	М	F	Other

Participant emergency contact details				
Full name				
Relationship				
Address				
Phone			Mobile	
Email				
Preferred method of contact	Mail	Phone	Mobile	Email



SECTION 4. PARTICPANT INFORMATION ON REFERRAL

Summary of services	uation					
	Summary of services and treatment					
Client lives	Benefits	Education	Employment			
Alone	Yes	School	Full-time			
With family/carer Other	No	University TAFE	Part-time Casual			
Please specify:	If so, what type?	Other Please specify:	Seeking employment			
			_			
Family and social sup	nort					
Health issues						
Physical		Mental Health				
Medication						
Lifestyle activities						
Lifestyle activities						
Lifestyle activities						
Lifestyle activities						
Lifestyle activities Legal issues						



SECTION 5. REFERRAL OUTCOME

Referral outcome	Follow-up actions (e.g. inform participant with letter)	Complete
Organise intake process		Yes No
Provision of service		Yes No
Place on waiting list		Yes No
Referral to another agency		Yes No
Service access decline		Yes No
Other (specify):		Yes No

Date	
Staff member name	
Staff member signature	

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