

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 name		Staff member Phone	
Program/service of interest			

Referral organisation details <small>(To complete only if referral from another organisation it's been made.)</small>			
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: High	Medium	Low
	Suicidal: High	Medium	Low
	To others: High	Medium	Low

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

SECTION 4. PARTICIPANT INFORMATION ON REFERRAL

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

SECTION 5. REFERRAL OUTCOME

Referral outcome	Follow-up actions <i>(e.g. inform participant with letter)</i>	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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