

## PARTICIPANT REFERRAL FORM

SECTION 1: Referral Details			
Referral Date:		Time:	
Name:		Phone:	
Program / Service of Interest:			
<b>Referrer Details</b>			
Organisation Name:			
Address:			
Name of Program:			
Referrer Name:			
Phone:		Mobile:	
Participant Consent to Referral:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Reason for Referral</b>			
<b>Issues identified by Referrer</b>			
<b>Summary of risks of harm to self or others</b>			

## SECTION 2: Participant Consent

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.

<b>Consent Type</b>	<input type="checkbox"/> Verbal	<b>Date:</b>		<b>Time of Consent:</b>	
	<input type="checkbox"/> Written	<b>Time of Consent:</b>			
<b>Participant Signature:</b>				<b>Date:</b>	

### If this referral is for someone under the age of 18 years

<b>Is the young person aware of referral?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Parent / Guardian Name</b> (if participant is under 16 years)		
<b>Parent / Guardian Signature</b>		<b>Date:</b>

## SECTION 3: Participant Details

<b>Participant Name:</b>			
<b>Address:</b>			
<b>Phone:</b>		<b>Mobile:</b>	
<b>Cultural Background:</b>		<b>Language spoken:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
	<input type="checkbox"/> Intersex	<input type="checkbox"/> Non-binary/ Indeterminate	<input type="checkbox"/> Prefer not to say
<b>Aboriginal and Torres Strait Islander Status:</b>	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander		<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander
<b>Cultural Ethnicity:</b>			

<b>Cultural Requirements / Preferences, if applicable</b> (e.g., dietary requirements etc.)				
<b>Participant Emergency Contact Details</b>				
<b>Full Name:</b>				
<b>Relationship:</b>				
<b>Address:</b>				
<b>Phone:</b>		<b>Mobile:</b>		
<b>Email:</b>				
<b>Preferred method of contact:</b>	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email

<b>SECTION 4: Participant Information</b>				
<b>Current Personal Situation</b>				
<b>Summary of Services and Treatment</b>				
<b>Participant Lives:</b>	<input type="checkbox"/> Alone		<input type="checkbox"/> With Family / Carer	
	<input type="checkbox"/> Other (specify):			
<b>Benefits:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is so, what type:	
<b>Education:</b>	<input type="checkbox"/> School		<input type="checkbox"/> University	
	<input type="checkbox"/> TAFE		<input type="checkbox"/> Other (specify):	
<b>Employment:</b>	<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time	
	<input type="checkbox"/> Casual		<input type="checkbox"/> Seeking Employment	

<b>Family and Social Support</b>	
<b>Health Issues</b>	
<b>Physical</b>	<b>Mental Health</b>
<b>Medication</b>	
<b>Lifestyle Activities</b>	
<b>Legal Issues</b>	

	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Staff Member:</b>			

Please return completed form to [intake@buttery.org.au](mailto:intake@buttery.org.au) or fax to (02) 6687 1039.