

# Client Referral Form

All Referrals: (P) 1300 00 MYST (6978) (Email) info@myst.com.au



## Client Information:

Clients Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Clients contact number: \_\_\_\_\_ Gender: \_\_\_\_\_

Clients school/job: \_\_\_\_\_ Clients school year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Clients Current or last address: \_\_\_\_\_ Clients email address: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_ Cultural Identity: \_\_\_\_\_

*Note: A Guardian must be provided for all clients under 18. For all clients under 16, a legal guardian is required.*

Guardian's name: \_\_\_\_\_ Guardian's Contact number: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

## Referring Worker's Information

Referring Worker's Name: \_\_\_\_\_

Organisation & Position: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you find about us: \_\_\_\_\_

Please indicate what type of support(s) you are seeking and the **specific reason for the request:**

- Case management:** *(Helping young people between 12 and 24 to work on personal goal setting, maintain school engagement, build healthy relationships and connections, develop independence).*
- Financial counselling:** *(Providing financial options and helping negotiate with third parties such as creditors and landlords).*
- Outreach Support:** *(Helping young people between 12 and 24 and their families support, including court support, advocacy and WDO – Working development orders).*
- Counselling:** *(Helping young people between 12 and 24 and their families to developing the skills and tools for emotional, physical and intellectual growth).*
- Programs – (Youth Centre based programs):** *Please specify program of interest.*

## Referring Worker's Declaration

The information contained in this referral has been completed to the best of my knowledge, accurately and honestly without omission. Information that may be considered important to the safety of this person, staff or other clients has also been disclosed even if not specifically asked for. Included are any matters of sexual misconduct (*please include in Other Relevant Information*).

Referring Worker's Signature:

Date Signed:

## Client Background Information

**Mental Health Issues:** (*please include treating Doctor, any medication or treatment plans*)

**D&A Issues:** (*please include frequency and amounts of use and date of last usage*)

**Health Issues or Allergies:** (*please include treating Doctor, any medication or treatment plans*)

**Incidences of violence or aggression (Inc. AVO's):** (*please include approximate date of incident(s)*)

**Legal Involvement:** (*please include charges and pending court dates*)

**Family Issues:** (*please include any custody issues*)

## Other Relevant Information

**Strengths and interests:**

**Please list any other significant support people / services & their respective contact information:**

**Please list any other relevant information:**

Is the young person aware the referral is being made?  Yes  No



Supporting young people in their personal, social and educational development to enable them to reach their full potential.