

REFERRAL FORM



Please Read → REFERRAL REQUIREMENTS

- All referrals will be facilitated by our intake team to assess eligibility and suitability for Strength Potential.
- Referral from service providers will require a copy of ALL relevant information (including any assessments, discharge summaries and recovery documents) prior to the referral being initiated.
- The outcome of the referral will be provided directly to the service provider via email, telephone and/or fax.
- Referrals from probation and parole require social history, information on convictions and pending legal matters including dates, prior to the referral being initiated. Please note we are a voluntary service.

1 REFERRER (individual completing this document)

Contact Name

Position / Role

Phone Mobile

Email

Organisation

Postal Address

Postcode

Fax

2 YOUNG PERSON BEING REFERRED (these details will be used to contact the young person/parent/family member/carer)

First Name

Surname

DOB Age

Gender

Address

Suburb

State Postcode

YOUNG PERSON CONTACT (parent/family member/carer)

Name

Mobile

Email

Relationship to young person

NOTE TO REFERRER / For optimal care, outcome, and potential referral, please provide detailed information when referring a young person. In cases of high distress posing harm, refer directly to the local Emergency Department, as Strength Potential is not a Crisis Service or equipped to manage these types of emergencies.

3 REASON FOR REFERRAL

4 SERVICE/PROGRAM REFERRING TO

- Mentoring / NDIS Counselling Short term accommodation respite
- Mentoring / non-NDIS Group programs

Please continue referral on next page >

REFERRAL FORM (CONT'D)

5 INFORMATION ABOUT THE YOUNG PERSON (if applicable - risk to self or others (include self-harm/suicide attempts, violence, threats of violence, vulnerability, child safety orders).

Date	Presenting Issue	Previous Treatment	Current Treatment

IF APPLICABLE Other Agencies/Health Care Providers who are currently involved with the Young Persons Care (e.g. Government, Non-Government, Psychiatrists, GP's and Community Services)

Name of Organisation	Contact	Email	Address	Phone

6 PRESENTING ISSUES

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> ADHD / ADD | <input type="checkbox"/> Depression | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> PTSD / Trauma History |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Obsessive Compulsive Behaviors | <input type="checkbox"/> Relationship Issues |
| <input type="checkbox"/> Alcohol Misuse | <input type="checkbox"/> Drug Misuse | <input type="checkbox"/> Pending Legal Matters | <input type="checkbox"/> School Refusal |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eating Issues | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Self-Harm |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Body Image Concerns | <input type="checkbox"/> Employment Difficulties | <input type="checkbox"/> Presentation To E.d. | <input type="checkbox"/> Social Difficulties |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Family Difficulties | <input type="checkbox"/> Psychosis | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Contact with Child Safety | <input type="checkbox"/> Financial Difficulties | | <input type="checkbox"/> Suicidal |

Other (please provide relevant information)

7 CONSENT OF YOUNG PERSON

Has the young person consented to the referral: yes no (if no, the referral cannot be accepted)

Thank you for your referral.

Please return this form to:

STRENGTH POTENTIAL

4/70 Buderim Pines Drive, Buderim QLD 4556
 admin@strengthpotential.com.au
 Phone 0431 198 726



WHAT NEXT?

On receipt of a referral Strength Potential's intake team will contact the service provider to advise of outcome and then if applicable will contact the relevant person to initiate the referral and/or in addition to arrange a face-to-face intake meeting.

All contact will be with a member of Strength Potential's intake team.