***Northlakes Youth Services
Adolescent and Family Counsellor Referral Form***

* **Statistics to our funding body.** *We provide statistics to our funding body, Family and Community Services, to help the government understand more about youth issues. The data we send does not contain your name and is combined with other clients’ information. It is used for statistical purposes only. You can nominate for your information not to be recorded. You will still receive the same level of service if you do not give consent.*
* **Confidentiality and keeping young people safe.** *The Adolescent and Family Counsellor is a Mandatory Reporter under Child Protection legislation. This means we must lodge a report to the Family and Community Services if we know or suspect that a child or young person is at risk of significant harm.*
* **Northlakes Youth Services is not a crisis service.**  *If immediate support is required please call the Mental Health Line on 1800 011 511 (24 hours) or Lifeline on 13 11 14 (24 hours)*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT DETAILS:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male [ ]  Female [ ]

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or college: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does the client identify as an Aboriginal Person or Torres Strait Islander? Yes [ ]  No [ ]

Does the client have a CALD background? Yes [ ]  No [ ]

What is the preferred language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is an interpreter required? Yes [ ]  No [ ]

Parent/Carer Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_
 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

**REFERRER DETAILS:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIN REASON FOR REFERRAL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What are the client’s main issues? Please tick the relevant boxes**

|  |  |  |  |
| --- | --- | --- | --- |
| ASD | [ ]  | Leaving home | [ ]  |
| Behavioural (Explain) | [ ]  | Legal | [ ]  |
| Depression | [ ]  | Mental health | [ ]  |
| Domestic violence | [ ]  | Neglect | [ ]  |
| Eating disorders | [ ]  | School | [ ]  |
| Abuse (Emotional, physical, Sexual)  | [ ]  | Self esteem | [ ]  |
| Employment | [ ]  | Separation and divorce | [ ]  |
| Family conflict | [ ]  | Self-Harm | [ ]  |
| Financial  | [ ]  | Specific learning difficulties | [ ]  |
| Grief and loss | [ ]  | Substance abuse | [ ]  |
| Housing and accommodation | [ ]  | Suicide ideation | [ ]  |
| Other: (please specify) |  |

**Additional/Relevant Information/Agencies or Persons Accessed/Risk Factors**

Is the Young Person or Family Involved with FaCS? Yes [ ]  No [ ]
If Yes: Caseworker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PH: \_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Client being supported by any other services, or Health Professional? Yes [ ]  No [ ]
If Yes please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 If the young person is experiencing any current mental health issues please describe.
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 If there is a diagnosis or current mental health concern, how is this currently being managed?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Please list the Positive Qualities and Strengths known about the Young Person.
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Please list any other relevant details known about the young person’s current circumstances.
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Is the young person aware of this referral? Yes [ ]  No [ ]

**For all enquiries please phone the Adolescent and Family Counsellor on: (02) 4965 8198 or 0402 402 157**

**Email:** **afcnlake@bigpond.net.au**