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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 Other

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): _____ Year of Birth _____ PH: _____

_____ Year of Birth _____ PH: _____

Siblings: Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

REFERRER DETAILS:

Name: _____ Organisation: _____

PH: _____ MOBILE: _____ Email: _____

MAIN REASON FOR REFERRAL

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

ASD	<input type="checkbox"/>	Leaving home	<input type="checkbox"/>
Behavioural (Explain)	<input type="checkbox"/>	Legal	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Mental health	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	Neglect	<input type="checkbox"/>
Eating disorders	<input type="checkbox"/>	School	<input type="checkbox"/>
Abuse (Emotional, physical, Sexual)	<input type="checkbox"/>	Self esteem	<input type="checkbox"/>
Employment	<input type="checkbox"/>	Separation and divorce	<input type="checkbox"/>
Family conflict	<input type="checkbox"/>	Self-Harm	<input type="checkbox"/>
Financial	<input type="checkbox"/>	Specific learning difficulties	<input type="checkbox"/>
Grief and loss	<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>
Housing and accommodation	<input type="checkbox"/>	Suicide ideation	<input type="checkbox"/>
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: _____

If the young person is experiencing any current mental health issues please describe.

If there is a diagnosis or current mental health concern, how is this currently being managed?

Please list the Positive Qualities and Strengths known about the Young Person.

Please list any other relevant details known about the young person's current circumstances.

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: counsellor@emnc.org.au