Moorundi
Aboriginal Community Controlled Health Service Ltd
124 Adelaide Road Murray Bridge SA 5253 PH: (08) 85310289 FAX: (08)7089 0450 ABN: 51 885 775 376

REFERRAL FORM FOR SEWB TEAM

Please complete this form and return to admin@macchs.org.au

NAME:

DOB:

ADDRESS:

CONTACT NUMBER:

PRESENTING ISSUE:

REFERRING GP:

SERVICES REQUESTED:

□ COUNSELLING / MENTAL HEALTH MANAGEMENT

□ ALCOHOL & OTHER DRUG SERVICES / SOCIAL & EMOTIONAL WELLBEING

□ COMMUNITY CONNECTIONS PROGRAM

□ PSYCHOSOCIAL SUPPORT PROGRAM

□ TRAUMA INFORMED CARE

□ ELDER CARE PROGRAM

□ IS THIS CLIENT AWARE OF THE REFERRAL? □ YES □ NO

OTHER SERVICES SUPPORTING THE CLIENT: (please list internal/external)

RISK ASSESSMENT:

SELF HARM/SUICIDE: □ high □ medium □ low

HARM TO OTHERS/VIOLENCE: □ high □ medium □ low

OTHER COMMENTS: