



SOCIAL AND EMOTIONAL WELLBEING SERVICE REFERRAL

Please email the completed referral to SEWB@gidgeehealing.com
or drop into 70 Miles Street, Mount Isa QLD 4825

To get in contact with us, please email SEWB@gidgeehealing.com with your best contact number and a member of the SEWB team will phone you back within 1-2 Business days. If your enquiry is urgent, please phone 07 4749 6541

REFERRAL DETAILS

Referral Type: ☐ Self –Referral ☐ Referred by Family Member
☐ Health Service ☐ Community Agency ☐ Other: _____
Referred by (name & organisation): _____ Date: ____/____/____
Contact Number: _____ Referrer's email: _____

CLIENT DETAILS

Name: _____ DOB: _____ Gender: _____
Cultural Identity: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Preferred Language: _____
Address: _____ Permission for home visit?: Yes ☐ No ☐
Contact Number: _____ Permission to leave text/ voicemail?: Yes ☐ No ☐
Permission for us to contact your NOK/Guardian if we cannot reach you? Yes ☐ No ☐
GP details (if known): _____ 715 Health Check?: Yes ☐ No ☐

NEXT OF KIN / GAURDIAN DETAILS OR EMERGENCY CONTACT

Next of Kin/Guardian: _____ Relationship: _____
NOK Contact (phone/address): _____
Permission for us to contact your NOK/Guardian if we cannot reach you? Yes ☐ No ☐

REASON FOR REFFERAL (please note we may contact you prior to accepting the referral for further information)

RISK FACTORS / SAFETY CONCERNS (e.g. mental health, domestic violence, child safety concerns, dogs at the property)

Is there current thoughts of suicide a recent attempt, or self-harm? Yes ☐ No ☐ Unknown ☐

If yes, please phone the SEWB team to discuss the referral prior to sending.

CLIENT CONSENT

"I consent to the referral and am willing to engage with Social and Emotional Wellbeing Service. I also give consent to use my personal information for de-identified statistical purposes"

Client signature: _____ Date: _____

Referrer: It is not possible to get written consent however I confirm the client is aware of the referral and has provided verbal informed consent for their information to be shared with SEWB: Yes ☐ Referrer initial: _____



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