

**Client Referral Form
PRIVATE & CONFIDENTIAL**

Client Consent and Privacy

All services and supports provided by Bridges Health & Community Care are voluntary. Please confirm that you have client consent for this referral by placing a tick in the relevant box. All information is handled in accordance with our privacy policy available at www.bas.org.au/privacy.

Written Consent Verbal Consent N/A – Self Referral

Client Personal Details

Name _____ Date of Birth _____

Address _____

Gender Male Female Other (Please specify) _____ IOMS #: _____

Does the person identify as Indigenous? Yes No If Yes Aboriginal Torres Strait Islander Both

Country of Birth _____ Preferred Language _____ Translator Required? Yes No

Please provide details of how the client wishes to be contacted by Bridges to arrange an appointment – you may place a cross in multiple boxes

Phone # _____ Can we leave a message on this phone? Yes No

Most convenient time to call _____ If mobile, can we send an SMS? Yes No

Email _____ Letter to home address

Letter to alternate address (please provide details) _____

Services Required – you may place a cross in multiple services

Psychology Practice Bundaberg North Burnett

Occupational Therapy Bundaberg Fraser Coast North Burnett Gladstone

Drug, Alcohol Rehabilitation & Treatment Service Bundaberg Fraser Coast North Burnett

Family Alcohol & Drug Information & Support (BFFQ) Bundaberg Fraser Coast North Burnett Agnes Waters

Choose Change Therapy Services (Offender Services) Bundaberg Fraser Coast Gladstone

The HAVEN (Psychosocial Rehabilitation) Bundaberg Gladstone

Choose a Better Life (NDIS services) Bundaberg Fraser Coast North Burnett Gladstone

Partners in Recovery – complex needs Bundaberg Fraser Coast North Burnett

Child & Family Mental Health Support Service South Burnett North Burnett

Transition from Prison - CREST Bundaberg North Coast Region

Youth Support School Support North Burnett Bundaberg

My Health for Life Bundaberg

Shop 4, 130 Bourbong Street, Bundaberg Central – PO Box 4, Bundaberg 4670
Phone 1300707655 – Fax 4152 2107 – email referrals@bas.org.au – www.bas.org.au - ABN 45402866190

Reason for Referral - Other Information Relevant to Treatment OR Support Needs - Please attach any supporting documentation

Presenting Mental Health Issue E.g. Diagnosis, issue – anxiety, depression etc

Drug and/or Alcohol Issue E.g. alcohol, cannabis

Other Health Issues or Psychosocial Factors E.g. medical factors, other diagnosis, homelessness, stress, social situation

Risk Factors E.g. Harm to self or others, suicide risk, vulnerability

Choose a Better Life (NDIS) – specify other relevant information E.g. disability type, assessment needs etc

Do you have consent to share client's full NDIS Plan? Yes No N/A – Self Referral Is a copy attached? Yes No

Person Making Referral

Name	Date of Referral	
Organisation		
Fax	Phone	Email
Signature		

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