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| **Auburn Youth Centre Referral Form: Adolescent and Family Counselling** |

* Referrals are made to AYC’s Adolescent and Family Counsellor by phone and completing the referral form below. The referral is then assessed and if further information is required, then the Counsellor will contact the referring agency for this. Referring agency is contacted by phone or email back to notify of result of referral.
* If assessed as suitable and there is adequate capacity by the Counsellor, then the referral is accepted and an assessment is booked.
* This process can take some time depending on the needs of the child and family, location and the capacity of the Counsellor.
* If you would like to discuss a youth you are working with and you’re unsure if their needs meet the criteria for our service as outlined below, please contact us on 02 9646 2122. We cannot accept referrals directly, but we can advise on the criteria and the referral process.

***Client Information***

Date of Referral: Name:

D.O.B.: Gender: M 🗆 F 🗆

Country of Birth: Time in Australia:

Preferred Language: Interpreter Required:

Ethnicity: Religion:

Address:

Contact Details (H): (M):

***Support Information***

Next of Kin: Relationship:

Contact Details: (H): (M):

School Name: Person to contact at School:

Position: ………………. School Year/Class: ………………. Contact Details: (H): …

Has the youth/ family understood the following and agree to the referral being made and the assessment information being shared?

* I/we agree to this referral and consent to the \*CAF, \*Core assessment, \*Asset assessment, \*other assessment (\*delete as appropriate) being shared with Auburn Youth Centre.
* I/we confirm that I have parental responsibility for the children within the household and that I/we give parental consent for this referral.
* In the event that Auburn Youth Centre is unable to support my family, I/we agree to the sharing of information from this referral with our partner organisations to enable my family to access alternative support that may be available.
* I/we confirm that I/we understand that this referral to Auburn Youth Centre is my informed consent to the sharing of relevant information with agencies working with this service. I/we understand that Auburn Youth Centre will not share information unnecessarily or without my agreement, unless they believe someone within the family is at risk of harm.

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| **Name of Family Member** | **Signature** | **Date** |
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1. **Family Details**

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| **Name of Family Member** | **Date of Birth** | **Contact Number** | **Language Spoken and is Translator needed** |
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1. **Contact Details**

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| **Referring Agency** |  |
| **Name of Agency Referee** |  |
| **Position** |  |
| **Telephone** |  |
| **Email** |  |
| **Name of Family Member Consenting to Referral** |  |
| **Telephone** |  |
| **Email** |  |

1. **Presenting Issues**

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| What are the main presenting problem(s) and symptoms (if known): |
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| History or presence of the following issues (please specify further in the space provided): | | | |
|  | **Past** | **Current** | **Unknown** |
| Torture of refugee trauma |  |  |  |
| Physical health issues and/or disabilities |  |  |  |
| Intervention from a mental health crisis team |  |  |  |
| Admission to hospital because of mental health issues |  |  |  |
| Suicidal ideation and/or attempts |  |  |  |
| Drug and/or alcohol use |  |  |  |
| Domestic violence |  |  |  |
| Sexual assault |  |  |  |
| Parents/carer issues (e.g. marital problems, financial difficulties, mental health) |  |  |  |
| Child / young person risk of harm and/or child protection concerns |  |  |  |

Please specify:

Is there evidence of multiple interventions typically without any change or where change is not sustained? This could cover for agencies/services:

* Families that have repeat issues
* Families where interventions are not seeing any movement or change in the issues
* Families that receive interventions but the change isn't sustained e.g. short term change and then relapse

1. **Risk and Vulnerability**

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| Are you aware of any danger associated with home visits? For example, dangerous dogs, syringes, violent family/visitors |
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1. **Support Network**

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| Are there any other support networks/ agencies involved (current or previously) involved with the youth or family? Please list and contact details |
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1. **History of previous diagnosis and/ or medication**

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| Has the youth been given a mental health or learning disorder diagnosis previously? Are they on any current medications? Please list and contact details |
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