



## Nunakuwarrin Yunti of South Australia Inc.

### REFERRAL to Mid North & Yorke – Social & Emotional Wellbeing Services

Referrer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organisation/Relationship to client: \_\_\_\_\_

### CLIENT DETAILS

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name (if relevant) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Gender:  Male  Female  Other: \_\_\_\_\_

Please tick:  Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  
 Non-Aboriginal  Member of Aboriginal family

Language Group: \_\_\_\_\_

Reason for Referral:

By agreeing to this referral, you consent to having the details on this form stored in Nunakuwarrin Yunti's client information system and referral discussed with the referrer.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IN AN EMERGENCY PLEASE CALL 000 OR THE MENTAL HEALTH TRIAGE SERVICE ON 13 45 65**

**FAX REFERRAL TO: 8223 7658**

**Phone Enquiries: 0429 896 631**