

**Balaang Healing– Internal & External Referral Form**  
**Email: balaanghealing@waminda.org**

<b>SECTION 1: INFORMATION</b>	
Date:	
Referral Source:	
Referrer Name:	
Address:	
Phone:	(WK): (M):
Do you provide Case Management to client: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will you be maintaining support/contact whilst client is a resident of the Balaang Gunyah short-term Accommodation Program: ( i.e. phone calls, visits, transporting to appointments, outings )	
<b>Section 2: Details Client</b>	
Client – Surname:	First Name:
Address:	
Suburb:	Postcode: DOB:
Phone:	(H): (M):
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
Does the client have any dependent children in their care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.	DOB:
2.	DOB:
3.	DOB:
4.	DOB:
<b>Next of Kin / Carer Details:</b>	
Address:	
Phone:	Relationship to client:

**SECTION 1: INFORMATION**

**Reason for referral to Balaang Healing?**

- Respite - Day / Overnight
- Recreational Support
- Therapeutic support
- Groups / Art / Educational
- Independent Living Skills
- Cultural Activities

Has client been assessed with a mental illness?  Yes  No

Primary Diagnosis:

Additional Diagnosis:

Current Mental Health Care Plan  Yes  No

Has client been hospitalised in the past 4 weeks.  Yes  No

Medical Practitioner: Phone:

Address:

Psychologist: Phone:

Address:

SEIAMHS or CAMHS: Case Manager: Phone:

Address:

Does client have any other medical conditions or legal issues we should be aware of:

Current Medication:

Summary of current daily living skills and support needs:

**SECTION 1: INFORMATION**

Is client aware of referral to Balaang Healing?  Yes  No  
 Does client have a current stable housing arrangement?  Yes  No  
 Is client interested in Waminda programs?  Yes  No

**OTHER AGENCIES INVOLVED IN CARE OF CLIENT**


Please indicate with a **x** against any of these issues that may need to be considered

RISKS	PROTECTION	ALERTS	OTHER ALERTS
SUICIDE	CHILD PROTECTION	DRUG REACTION	CRIMINAL
HARM TO SELF OR OTHERS	SEXUAL-PHYSICAL ABUSE	MEDICAL ALERT	POLICE INVOLVEMENT
SUBSTANCE USE	FAMILY VIOLENCE	AGGRESSIVE BEHAVIOUR	ANIMALS
SAFETY FOR STAFF	EXPLOITATION	WEAPONS	LOCATION ISSUES