

Balaang Gunyah – Referral Form

Email: balaanghealing@waminda.org

Details of Referral	
Date of referral	
Referral Source	
Contact Person	
Address	
Work Number	Mobile Number
Email	
Why are you referring your client?	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Do you provide Case Management to the client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you continue providing ongoing support to the client (i.e. phone calls, visits, transporting to appointments, outings) please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Client Details

First Name:

Last Name:

Date of Birth:

Sex:

Male

Female

Address:

Mobile Number:

Home Number:

Does this client identify as: Aboriginal TSI Non-Aboriginal

If Non-Aboriginal, do they have Aboriginal family? Yes No

Does this client live with Disability? Yes No

If yes, do they have a current NDIS package? Yes No

Next of Kin / Carer name

Relationship: _____

Contact number: _____

Does the client have any dependent children in their care? Yes No

Child's Name

Child's Date of Birth

1.

2.

3.

4.

5.

Reason for referral to Balaang?

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

Client Information

1. Has client been assessed with a mental illness? Yes No

Primary Diagnosis

Additional:

2. Does the client have a current Mental Health Care Plan?
(please attach) Yes No

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

4. Please provide details of the follow if available:

a. Medical Practitioner

Name:

Phone:

Address:

b. Psychologist/Psychiatrist

Name:

Phone:

Address:

c. SEIAMHS or CAMHS: Case Manager

Name:

Phone:

Address:

Client Information

5. Does the client have any medical conditions we should be aware of? Yes No

6. Current Medication: (if applicable)

1.	2.
3.	4.
5.	6.

7. Does the client have any legal issues we should be aware of? Yes No

8. Summary of current daily living skills and support needs of client:

9. Does the client have stable housing arrangements? Yes No

10. Is client aware of this referral? Yes No

11. Is the client interested in any other Waminda programs Yes No

Client Information

12. Are there any other agencies involved with the client? Yes No

Please list (include both agency name & how they are involved):

Agency name	How are they involved with the client?
1.	
2.	
3.	
4.	
5.	

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

RISKS	PROTECTION	ALERTS	OTHER ALERTS
<input type="checkbox"/> Suicide	<input type="checkbox"/> Child protection	<input type="checkbox"/> Drug reaction	<input type="checkbox"/> Criminal
<input type="checkbox"/> Harm to self or others	<input type="checkbox"/> Sexual/physical abuse	<input type="checkbox"/> Medical alert	<input type="checkbox"/> Police involvement
<input type="checkbox"/> Substance use	<input type="checkbox"/> Family violence	<input type="checkbox"/> Aggressive behaviour	<input type="checkbox"/> Animals
<input type="checkbox"/> Safety for staff	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Weapons	<input type="checkbox"/> Location issues

Additional Notes

WAMINDA SERVICE OPTIONS – INTERNAL REFERRAL REQUIRED

Below are some services we offer, based on what you have told me today, let's talk about which ones you would like support from:

Bulwul Balaang

- | | |
|---|--|
| <input type="checkbox"/> School Program | <input type="checkbox"/> Cultural Activities |
| <input type="checkbox"/> After school Program | <input type="checkbox"/> Healthy Relationships |
| <input type="checkbox"/> Health Checks | <input type="checkbox"/> Supporting Young Women involved in Juvenile Justice |
| <input type="checkbox"/> Dead or Deadly – Exercise Program | <input type="checkbox"/> T.I.S – Tackling Indigenous Smoking |
| <input type="checkbox"/> Mirriral Bulwul – Youth SEWB/ suicide prevention program | |

Case Management & Client Services

- | | |
|--|---|
| <input type="checkbox"/> Co-Morbidity | <input type="checkbox"/> Drug & Alcohol Brokerage Program |
| <input type="checkbox"/> Drug & Alcohol Support | <input type="checkbox"/> Domestic & Family Violence Support |
| <input type="checkbox"/> Child & Parent Support | <input type="checkbox"/> Staying Home Leaving Violence (SHLV) |
| <input type="checkbox"/> Justice Health | <input type="checkbox"/> Ulladulla Domestic Violence Intervention Service (UDVIS) |
| <input type="checkbox"/> Social Emotional Wellbeing | <input type="checkbox"/> Waranj Dhurawaraga (NDIS) |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Family Support/Supported Playgroup |
| <input type="checkbox"/> Bulwal Balaang Youth Group | <input type="checkbox"/> Youth Case management |
| <input type="checkbox"/> Mental Health Social Worker | <input type="checkbox"/> Child and Parenting Support Program |

Social Enterprise Development & Employment Pathways

- | | |
|--|--|
| <input type="checkbox"/> Hospitality Project | <input type="checkbox"/> Kareela Ngura – Bushfoods/Permaculture Garden |
| <input type="checkbox"/> VTEC & Youth Pathways | <input type="checkbox"/> Cultural Immersions & Packages |
| <input type="checkbox"/> Volunteers & Students | <input type="checkbox"/> Work development orders |

Comprehensive Care

- | | |
|--|---|
| <input type="checkbox"/> Holistic Cancer Care Services | <input type="checkbox"/> Health Screening Community Pamper Days |
| <input type="checkbox"/> Palliative Care Support | <input type="checkbox"/> Integrated Team Care (ITC) |

Holistic Health Clinic Services

- | | |
|---|--|
| <input type="checkbox"/> Family Health Clinic | <input type="checkbox"/> Chronic Disease Management |
| <input type="checkbox"/> Pharmacy in Practice | <input type="checkbox"/> Birthing on Country/Minga Goodjaga Maternity Services |
| <input type="checkbox"/> Outreach Services | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Drs/ nurses/ aboriginal health | <input type="checkbox"/> Midwife (Mums & Bubs/ Maternity services) |
| <input type="checkbox"/> Allied health services | <input type="checkbox"/> SEWB Therapist- Mental Health Nurse |

Healing Programs

- | | |
|--|--|
| <input type="checkbox"/> Healing on Country | <input type="checkbox"/> Balaang Healing at Balaang Gunyah |
| <input type="checkbox"/> Yarning Circles | <input type="checkbox"/> Natural & Narrative Therapies |
| <input type="checkbox"/> Art Groups | <input type="checkbox"/> Camps & Cultural celebrations |
| <input type="checkbox"/> Cultural Women's Program | <input type="checkbox"/> Afterhours support line – Suicide Prevention |
| <input type="checkbox"/> Cultural Exchange Program | <input type="checkbox"/> Group Therapy & support for Women (violence & sexual assault) |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Individual and family therapy |
| <input type="checkbox"/> Short Term Accommodation | |

NABU

- Family Preservation & restoration (FACS referral required)