



## Client Referral & New Issue Form

Please give, send, fax or email to Therapy ACT. For current Therapy ACT clients with new issues, please forward to their current therapist.

<b>PLEASE PROVIDE THE FOLLOWING CLIENT INFORMATION:</b>		<b>Date of Referral:</b>	
<b>Name:</b>		<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>DOB:</b>		<b>Indigenous Status:</b>	
<b>Country of Birth:</b>		<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
<b>Living Arrangements:</b> (e.g. with family, group home)		<input type="checkbox"/> Aboriginal & Torres Strait Islander	
		<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander	
<b>Address:</b>			
<b>Home Ph:</b>	<b>Mobile:</b>	<b>Other:</b>	
<b>Email:</b>			
<b>Preferred Language:</b>		<b>Interpreter Required?</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Diagnosis:</b> (if known)			
<b>Education Setting:</b> (if appropriate)		<b>Class:</b>	
<b>Medications:</b> (if known)			
<b>Therapy ACT Services:</b> (please provide details)			
Past:			
Present:			
<b>Other Relevant Agencies Involved:</b>			

### ESSENTIAL INFORMATION

Please provide Parent/Guardian details

<b>Name 1:</b> Relationship to client:		<b>Name 2:</b> Relationship to client:	
<b>Address:</b> (if different from above)		<b>Address:</b> (if different from above)	
<b>Home Ph:</b>	<b>Work Ph:</b>	<b>Home Ph:</b>	<b>Work Ph:</b>
<b>Mobile:</b>	<b>Email:</b>	<b>Mobile:</b>	<b>Email:</b>

<b>Name of Client:</b>	<b>DOB:</b>
<b>Reason for Referral:</b> (please describe in detail)	

**Strategies that have been trialed, previously suggested or currently being used to address these concerns:**

If referrer is not the parent/guardian then complete the following

**REFERRER INFORMATION**

<b>Referrer Name:</b>	<b>Referrer Role:</b> (e.g. class teacher, network coordinator)
<b>Referrer Phone contact:</b>  Suitable contact time:	<b>Referrer Address:</b>
<b>Has consent for this referral been obtained from client, parent or guardian?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## **TPP 5 Privacy Notice**

CSD is obliged to handle your information openly, transparently and in accordance with the Territory Privacy Principles set out in the *Information Privacy Act 2014*.

We explain how we collect, use, share, and store your personal information and how you can access and correct it in our privacy policy. You can view our privacy policy at [www.communityservices.act.gov.au](http://www.communityservices.act.gov.au).

If you fill in this form your personal information will be collected and handled by us. This information is necessary for us to provide you with services and support. If you do not consent to supply us with this information we may not be able to satisfactorily assist you or your child.

CSD will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose or it is required by another law.

If you believe that your personal information has not been handled appropriately or that we have breached the Territory Privacy Principles you can contact us to make a complaint.

You can contact us by email: [CSD.Privacy@act.gov.au](mailto:CSD.Privacy@act.gov.au) or phone: 6207 6547