



Integrate Art Therapy Referral Form

Referring Agency	
*If self referral - please scroll down to 'Client Details.'	
Name of Referrer:	Date of Referral:
Professional Role:	Length of involvement with client:
Agency:	Email:
Address:	Phone Number:

Client Details	
Name:	DOB:
Gender Identity and/or how would you like to be identified?	Dis/ability: Y / N Detail:
Country of Birth:	Cultural Identity/implications:
Year arrived in Australia (if relevant):	Language spoken at home?
Aboriginal Y / N Torres Strait Islander: Y / N Both: Y / N Neither: Y / N	Interpreter required? Y/N
Contact No.:	Safe/best time to call? Safe to leave message? Y / N
Email address:	Safe to email? Y / N
Address:	

Local Government area?	
Health conditions/ implications (please include mental health implications/conditions): Y / N Details:	
Alcohol and drug use: Y / N Details:	
Emergency contact name:	Relationship:
Contact No.:	

<p>Is there anything more you'd like us to know?: Please provide any other relevant information here. *I.e. client preferences, other cultural implications, access ability, barriers to accessing service, safety implications, medications, additional client needs, etc.</p>

Authority to Exchange Information

Written Consent – Provided Verbally

I.....give permission for the exchange of information regarding myself/my child/ren between (referring agency) and Integrate Art Therapy for the purpose of providing appropriate support, advocacy and referral as required.

Signed:

Witnessed (Worker):

Date: (dd/mm/yyyy)

Worker name:

.....

Name:

Position:

Child's name:

Child's name:

.....

Child's name:

Child's name:

.....

Verbal Consent:

Verbal consent can be used when it is not practicable to obtain written consent.

I have discussed this referral with the client and I am satisfied that the client understands the proposed uses and disclosures. The client has consented to the referral and to being contacted by Integrate Art Therapy.

Signed (Worker):
(dd/mm/yyyy)

Date:

Worker name:

Position:.....

