



REFERRAL TO SEWB PROGRAM

REFERRED BY

REQUEST MADE BY:

Click or tap here to enter text.

DATE:

Click or tap to enter a

PROGRAM:

Click or tap here to enter text.

PHONE:

Click or tap here to enter text.

EMAIL:

Click or tap here to enter text.

CLIENT DETAILS

CLIENT CONSENT TO REFERRAL:

Choose an item.

NAME:

Click or tap here to enter text.

DOB:

Click or tap to

AGE:

Click or tap here

MEDICARE No:

Click or tap here to enter text.

GP / DOCTOR:

Click or tap here to enter text.

PHONE:

Click or tap here to enter text.

CLIENT CONTACT DETAILS

ADDRESS:

Click or tap here to enter text.

PHONE:

Click or tap here to enter text.

MOBILE:

Click or tap here to enter text.

EMAIL:

Click or tap here to enter text.

CARER INFORMATION / SUPPORT

NAME:

Click or tap here to enter text.

RELATIONSHIP:

Click or tap here to enter

ADDRESS:

Click or tap here to enter text.

PHONE:

Click or tap here to enter text.

MOBILE:

Click or tap here to enter text.

KEY ISSUES (Reason for Referral)

Click or tap here to enter text.

OTHER MEDICAL / MENTAL HEALTH CONDITIONS

Click or tap here to enter text.

RISK FACTORS (Please Elaborate)

- Suicide Ideation
- Anger management problems
- Self-harm
- Harm to others

OTHER SERVICES CURRENTLY INVOLVED WITH THE CLIENT

Click or tap here to enter text.

REFERRED TO – Please note all referrals are to come through: Click or tap here to enter text.

MANAGER SEWB Raelene Stephens – rstephens@mdas.org.au as well as to the Team Leader of specific programs as follows;

PROGRAM COORDINATOR – MILDURA

Local Justice Worker Program
Mental Health – Adult
Mental Health Demonstration Project

Paul Hogarth – phogarth@mdas.org.au

Bringing them Home / Gambling Support Tiffany Griffin – tgriffin@mdas.org.au

PROGRAM COORDINATOR – MILDURA

Alcohol and Other Drugs
Mental Health/AOD Youth: 12 – 25

Kylie Cawley – kcawley@mdas.org.au

SEWB Programs Swan Hill and Kerang Jeanette Blundell: jblundell@mdas.org.au (All Referrals through MDAS Swan Hill)

PROCESS:

Step 1: Complete referral: Ensuring consent is obtained and relevant contact details and reason for referral are identified

Step 2: Email referral to appropriate person as above

Step 3: Once your referral is received and allocated the worker will contact you and let you know appointment date & time

NB: Happy for phone contact if there are questions relating to above process.

CONTACT DETAILS:

Mildura

Phone: 03 5018 4102 / **Fax:** 03 5022 0942

Swan Hill

Phone: 03 50328600 / **Fax:** 03 50328699

(If faxing this please advise by phone or email too)

MDAS INTERNAL INFORMATION (REFERRING AGENCY PLEASE LEAVE BLANK)

RECEIVED BY DATE:

Click or tap to enter a date.

WORKER REFERRED TO: Click or tap here to enter text.