



## SEWB REFERRAL FORM

### Referred By:

<b>REQUEST MADE BY:</b>	Click or tap here to enter text.	<b>DATE:</b>	Click or tap to enter a
<b>PROGRAM:</b>	Click or tap here to enter text.		
<b>PHONE:</b>	Click or tap here to enter text.	<b>EMAIL:</b>	Click or tap here to enter text.

### Client Details

#### CLIENT CONSENT TO REFERRAL:

Choose an item.

<b>NAME:</b>	Click or tap here to enter text.				
<b>DOB:</b>	Click or tap to	<b>AGE:</b>	Click or tap here	<b>MEDICARE No:</b>	Click or tap here to enter text.
<b>GP / DOCTOR:</b>	Click or tap here to enter text.		<b>PHONE:</b>	Click or tap here to enter text.	

**DO YOU IDENTIFY AS ABORIGINAL/TORRES STRAIT ISLANDER?** Choose an item.

- ABORIGINAL
- TORRES STRAIT ISLANDER
- BOTH

**DO YOU HAVE A CONFIRMATION OF ABORIGINALITY?** Choose an item.

### Client Contact Details

<b>ADDRESS:</b>	Click or tap here to enter text.		
<b>PHONE:</b>	Click or tap here to enter text.	<b>MOBILE:</b>	Click or tap here to enter text.
<b>EMAIL:</b>	Click or tap here to enter text.		

### Carer Information / Support

<b>NAME:</b>	Click or tap here to enter text.	<b>RELATIONSHIP:</b>	Click or tap here to enter
<b>ADDRESS:</b>	Click or tap here to enter text.		
<b>PHONE:</b>	Click or tap here to enter text.	<b>MOBILE:</b>	Click or tap here to enter text.

## Key Issues (Please ensure all below details are included for referral to be accepted and allocated)

(Please include mental health diagnosis, previous hospital admissions, medical, medications, functional/daily living skills, emotional, social, trauma including abuse or neglect, background information, provide details of the AOD use, frequency, history, legal issues, housing situation and financial issues eg debts.)

Click or tap here to enter text.

## Other Medical or Physical issues

(Diabetes, head trauma, chronic pain conditions, Hep C ect.)

Click or tap here to enter text.

## Risk Factors (Please elaborate and attach any risks assessments and collateral information to this referral)

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

**IS THIS REFERRAL URGENT  OR NON-URGENT**

## Other services currently involved with the client

Click or tap here to enter text.

**Referred To** – Please note all referrals are to come through: [sewbreferrals@mdas.org.au](mailto:sewbreferrals@mdas.org.au)

- Mental Health
- Alcohol and Other Drugs
- Housing
- Koori Women's Diversion
- Koori Men's Diversion
- Gambling
- Bringing Them Home
- Local Justice Program

Please identify issues of concerns

SEWB Programs Swan Hill and Kerang : [sewbshreferrals@mdas.org.au](mailto:sewbshreferrals@mdas.org.au)

**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 4026 7818

(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.