



ABN 51 885 775 376

1 Wharf Road, Murray Bridge SA 5253

PH: (08) 8531 0289 F: (08) 7089 0451

Email: zane.gunter@macchs.org.au - Mental health clinician
bobbie-jo.williams@macchs.org.au –Social & Emotional Well-being Counsellor
emma.jackson@macchs.org.au – Alcohol & Other Drugs Counsellor
gordon.rigney_snr@macchs.org.au - Elder Care Coordinator
gerald.rigney@macchs.org.au- Elder Care Connector

REFERRAL FOR MENTAL HEALTH/ALCOHOL AND OTHER DRUGS/AGED CARE SERVICES

CLIENT NAME:

DOB:

ADDRESS:

CLIENT CONTACT NUMBER (s):

PRESENTING ISSUE:

SERVICES REQUESTED: (circle)

COUNSELLING / MENTAL HEALTH MANAGEMENT/ALCOHOL & OTHER DRUGS SERVICES/ SOCIAL & EMOTIONAL WELLBEING/ AGED CARE SERVICES

CLIENT AWARE OF REFERRAL: YES / NO (circle)

OTHER SERVICES SUPPORTING THE CLIENT:

RISK ASSESSMENT: (circle)

SELF HARM/SUICIDE: high medium low

HARM TO OTHERS/VIOLENCE: high medium low



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NAME OF PERSON REFERRING:

CONTACT DETAILS:

CLIENT'S GP:

CURRENT MEDICATION:

OTHER RELEVANT HISTORY:

IS THE CLIENT CURRENTLY REGISTERED WITH MOORUNDI: YES / NO (circle)

CLIENT CONSENT:

I,.....

DO HEREBY GIVE MY PERMISSION FOR A REFERRAL TO MOORUNDI ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICE.

SIGNED:

DATE: