Family Wellbeing
Community Referral Form

This is provisional and provides access to a limited number of sessions with a Mental Health Clinician. To access the full number of sessions, a Mental Health Treatment Plan must be completed by the client's GP. This community referral form is only valid for Sonder services in the metro Adelaide region.

Client details

Date of referral:			
Name:			
DOB:		Gender:	
Address:		Home number:	
		Mobile number:	
Parent/Caregiver:		Relationship to client:	

Is the client a member of any of the following priority groups? (please tick below)

☐ Aboriginal or Torres Strait Islander

☐ CALD or Migrant background

☐ Suspended/excluded from school

☐ Involved with the Juvenile Justice System

☐ Known/involved with DCP or at risk of DCP involvement

☐ LGBTQIA +

Referrer details

Name:			
Phone:		Fax:	
Organisation:			
Address:			

Reasons for referral:	

Any other services involvement?	☐ Yes ☐ No ☐ Unsure
Does the client have a GP?	☐ Yes / No ☐

Risk Assessment (must complete)

Has current suicidal thoughts	☐ Yes ☐ No
Has a current plan to end their life	☐ Yes ☐ No
Has attempted suicide in the last 6 months	☐ Yes ☐ No
Is at risk of harming others (due to violence/ aggression)	☐ Yes ☐ No
Other comments:	

Consent

I, _________________________________, agree to be referred to Sonder.

Client signature: ____ **Date:** _________________________

Referrer signature: ______________________________________ **Date:** _________________________

Client consent to release information (if applicable)

I, ____ (Client's full name) give my permission for

____ (Referrer's full name) to provide/receive

written and verbal information to/from Sonder for the purpose of facilitating this referral.

Client signature: ____ **Date:** __________________________

Referrer signature: ____ **Date:** __________________________

For clients under 16 years:
Parent/guardian name:_____________________________ **Parent/guardian signature:** ______________________

Please fax completed referral form to Head to Health 8121 1802.