

## REFERRAL TO CYRENIAN HOUSE

Cyrenian House Head Office

Phone: (08) 9328 9200

Email: [enquiry@cyrenianhouse.com](mailto:enquiry@cyrenianhouse.com)

Referrer Details				
Name		Position		
Organisation				
Email				
Phone		Date of referral		
Is the person being referred aware of this referral?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consumer Details				
Given Name		Surname		
Gender		Date of birth		
Address				
Phone		Permission to SMS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email				
Other organisations involved in supporting the consumer				
Organisation 1		Organisation 2		
Organisation		Organisation		
Contact person		Contact person		
Role		Role		
Phone		Phone		
Approx. date last seen		Approx. date last seen		
Email (below)			Email (below)	
Referral Information				
Service requested				
Individual Counselling <input type="checkbox"/>	Significant Other / Family Counselling <input type="checkbox"/>		Groups <input type="checkbox"/>	
Residential (adult programs) <input type="checkbox"/>	Residential (women & children) <input type="checkbox"/>		Low Medical Withdrawal <input type="checkbox"/>	

## Referral Information – Continued

**Presenting Issues** (e.g., substance of concern, levels, duration of use, if known)

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### Issues to be aware of

<b>Mental Health concerns</b>	
<b>Risk and history of self-harm / suicide</b>	
<b>Medications</b>	
<b>Physical Health</b>	
<b>History of aggression</b>	
<b>Legal status</b> (e.g., current / pending legal matters)	