CYRENIAN HOUSE
Phone: (08) 9328 9200
Email: enquiry@cyrenianhouse.com

REFERRAL TO CYRENIAN HOUSE

Referrer Details

Name		**Position**	
Organisation			
Email			
Phone		**Date of referral**	
Is the person being referred aware of this referral?		Yes ☐	No ☐

Consumer Details

Given Name		**Surname**		
Gender		**Date of birth**		
Address				
Phone		**Permission to SMS**	Yes ☐	No ☐
Email				
Indigenous Status	☐ Aboriginal	☐ Torres Strait Islander	☐ Neither	

Service Requested

Individual Counselling ☐	Significant Other / Family Counselling ☐	Groups ☐
Residential (adult programs) ☐	Residential (women & children) ☐	Low Medical Withdrawal ☐

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

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Issues to be aware of		
Is the consumer pregnant?	Yes ☐	No ☐
Mental health concerns		
Physical health concerns		
Risk and history of self-harm / suicide		
History of aggression, violence or sexual offences		
Relationship, parenting or family and domestic violence concerns		

Other organisations involved in supporting the consumer

Organisation 1			
Contact person			
Role			
Phone		**Approx. date last seen**	
Email			
Organisation 2			
Contact person			
Role			
Phone		**Approx. date last seen**	
Email			