



## Referral to Holyoake Children and Caregivers Programs

*Please complete as much of the enclosed information as possible*

### DATE OF REFERRAL:

### REFERRER'S DETAILS

Referrer's Name:

Job Title:

Organisation:

Contact Phone:

Email:

Other agencies involved with the client/family:

### CLIENT DETAILS

First Name:

Last Name:

DOB:

Please Tick:  Female  Male  Other

Address:

Phone:

Email:

Own Use?  Yes  No

Other's Use?  No  Yes

Relation to User

Please provide details of all other family members that will engage in a Holyoake program:

Surname	First Name	DOB	M/F	Relation to Primary Client?	Residing with Primary Client?

**REASON FOR REFERRAL** (Please include any historical or current substance use, type of substance, any DCPFS involvement and if so, type of plan in place.)

**IDENTIFIED RISKS FOR OUTREACH WORK:**

- Pets**  Yes  No  Unsure
- Weapons**  Yes  No  Unsure
- Environmental Hazards**  Yes  No  Unsure
- Other:**

**FURTHER INFORMATION** (please note that the presence of any issues will not automatically exclude clients from our services):

- Mental Health Issues**  Yes  No  Unsure

If Yes, please indicate which client and type of issue:



**Family Domestic Violence:**

Yes  No  Unsure

If Yes, please indicate which client and whether they are the perpetrator or victim:

**Violence Restraining Orders:**

Yes  No  Unsure

If Yes, please indicate which client and whether they are the applicant or respondent:

**Pregnancy**

Yes  No  Unsure

If Yes, please indicate which client and number of weeks:

**History of Self Harm/ Suicidality**

Yes  No  Unsure

If Yes, please indicate which client and type of issue:

**Other:**

**Please indicate which program best suits your clients' needs:**

**Attachment Art & Play**

Yes  No

Suitable for families - caregiver and children under the age of 13yrs attend together. A 10-week creative arts-based program aimed at enhancing bonds, communication, and secure attachment within the family. Delivered outreach or onsite at Vic Park office.

**Young People's Program**

Yes  No

Suitable for children and young people aged 3 - 18yrs affected by someone else's alcohol or drug use. Individual play therapy or counselling sessions for increased self-expression, awareness, and self-esteem. Delivered on-site at Victoria Park office.

**Adolescent Program**

Yes  No

Suitable for young people aged 10 - 18yrs dealing with their own use or experimentation. Individual counselling for support and information. Held on-site at Victoria Park office.

**CONSENT TO CONTACT FROM HOLYOAKE**

Client gives consent for Holyoake to contact regarding participation in a Youth and Children's program after (insert date):

Client Signature:

Date:

Authority to release information form attached

Yes  No

Address: 75 Canning Highway, Victoria Park, Western Australia 6100  
Phone: Client Services on 9416 4444. Fax: 9416 4443.  
E-mail: [clientservices@holyoake.org.au](mailto:clientservices@holyoake.org.au). Website: [www.holyoake.org.au](http://www.holyoake.org.au)