



Victorian Aboriginal Health Service (VAHS)
Family Counselling Service (FCS)
 238-250 Plenty Road, Preston 3072
 Ph: (03) 9403 3300. Fax: (03) 9403 3399.
www.vahs.org.au

The VAHS Family Counselling Service provides culturally safe social emotional wellbeing and mental health counselling, cultural healing and recovery programs, care coordination and outreach support.

FCS Referral Form

Date: <input type="checkbox"/> CHILD/ADOLESCENT <input type="checkbox"/> ADULT		Is there a Mental Health Care Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If NO, please organise if the referral is for counselling or psychiatry.</i>	
		Has the client been referred to Head 2 Help? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please do not refer to FCS.</i>	
Referral is:	<input type="checkbox"/> Urgent (client at risk to self or others)		
Referral Pathway:	<input type="checkbox"/> Phone Call <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Walk-In		

CLIENT INFORMATION		REFERRER DETAILS	
Surname:		Surname:	
Given Names:		Given Names:	
Date of Birth:		Provider Number:	
Gender:		Agency:	
Country/Mob (if known):		Postal Address:	
Address:		Email:	
Phone/Mobile:			
Other Contact:			
Patient Medicare No:		Medicare Reference No:	

Significant Others (if relevant)	
Name of Mother:	Name of Father:

Contact Details:	Contact Details:
Current Carer/s:	Agencies Involved:
Contact Details:	Contact Details:
Siblings:	Name of School/Kinder/Day Care:

Who can we contact if necessary (carer/friend/family):

Name: _____ Relationship to Client: _____

Phone: _____

Has the person agreed to this referral? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the referral related to a Court Order or Legal Proceedings? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Is the person an Aboriginal and/or Torres Strait Islander? YES NO

If No, please do not refer to VAHS FCS.

Please note: VAHS Family Counselling Service can only accept referrals for Aboriginal and/or Torres Strait Islander people.

Has this person used the services of VAHS Family Counselling before? YES NO

What is the reason for referral? What are the presenting issue/s?

FOR AOD, What has the client requested? E.G. Rehab, Detox, AOD counselling or information about other services. What type of substance(s) is the client currently using and how frequently?

Does the client require Care Coordination support to address multiple presenting issues and support with navigating various services?

What other services are involved?

SERVICES REQUIRED (* this section is mandatory to process referral *)

ADULT

- Psychiatry
- General Counselling
- AOD
- Care Coordination
- CASA
- Financial Counselling

CHILD/ADOLESCENT

- Parenting
- General/Consulting/Therapy
- Psychiatry
- Assessment & Treatment
- Language/Learning Developmental Assessment
- Youth Justice

RISK - Is the client at risk of self-harm or suicide/harm to others/any further details of concern?

Current and previous treatment (include psychotherapy, past involved services):

Current and previous medication:

Please Note:

Referrals to VAHS/FCS for a **Social Worker, Occupational Therapist** or **Psychologist** must include (i) Referral Form, (ii) Mental Health Care Plan and (ii) if applicable, an ATAPS referral and consent form for Psychologists registered under the ATAPS scheme.

Only people of Aboriginal and/or Torres Strait Islander descent can access FCS services.

Referrals to a VAHS/FCS **Psychiatrist** must include (i) Referral Form or a GP Referral Letter (ii) List of Current Medications and (iii) a Discharge Summary (if the referral is from a psychiatric admission).

Enquiries about beds in St Vincent's Koorie Unit, contact VAHS/FCS Intake Worker. Ph: 9403 3300.

A risk assessment must be completed for every psychiatric client.

Office Use Only

Received by Date Received Signature.....