|  |
| --- |
| *Please complete all relevant sections of the form and ensure all information is accurate.***Email Completed form to** **Intake@gallangplace.org.au***ALL information on this form is treated as confidential as per Gallang Place’s Policies and Procedures* |
|  |
| OFFICE USE ONLY: |
| Intake Officer |  | Date received |  |
| ProGRAM allocated | **[ ]**  Fee For Service **[ ]**  Employmee Assistance **[ ]**  ADult **[ ]**  Youth **[ ]**  Other | MMEX ID  |  |
|  |
| ***Client Details*** | REFERRAL DATE |  |
| Name |  | DATE OF BIRTH |  |
| Home Address |   | Client Email Adress |  |
| PHONE |  | Have you used gallang services before? | **[ ]**  Y  **[ ]** N  |
| GENDER |  **[ ]**  MALE **[ ]** FEMALE  **[ ]** OTHER  |
| Which do you identify as? | **[ ]** TORRES STRAIT  ISLANDER | **[ ]** BOTH | **[ ]** ABORIGINAL  |
| next of kin |  | Emergency Contact |  |
|  |
| Do you have a clinical Diagnosis (eg anxiety, depression) | **[ ]**  Y  **[ ]** N *If Yes, please specify in notes section*  | Do you Currently access Other services | **[ ]**  Y  **[ ]** N  |
| **Type of Support: *Only if comfortable providing*** |
| **[ ]** Abuse - Sexual**[ ]** Abuse - Physical**[ ]** Anger Management**[ ]** Behavioural**[ ]** Domestic Violence | **[ ]** Drug / Alcohol**[ ]** Grief and Loss**[ ]** Housing**[ ]** Neglect**[ ]** Parenting | **[ ]** Relationship**[ ]** Suicide / Self Harm**[ ]** Self-esteem**[ ]** Sexuality**[ ]** Trauma | **[ ]** Anxiety**[ ]** Depression**[ ]** Stress**[ ]**  Workplace issues**[ ]** Homelessness**[ ]** Other, *please specify in*  *notes section* |
| ***Notes*** [ ]  *I have attached additional information* |
|   |
|  |
| ***Referrer Details IF self Referral –*** *please identify other service providers*  |
| REFERRER Name |  | Relationship  |  |
| REFERRER email |  |
| REFERRER Contact No. |  | AGENCY [IF APPLICABLE] |  |