Women's Health Information and Referral Service Central Queensland Inc.
Location: 225 Bolsover Street, Rockhampton **Mailing Address:** PO Box 472 Rockhampton QLD 4700
Phone: 4922 6585 or 1800 017 382 **Email:** reception@whccq.org.au
Web: www.womenshealthrockhampton.com

CLIENT REFERRAL FORM

Women's Health Information and Referral Service CQ Inc. (WHIRSCQ) aims to enhance women's quality of life by providing a holistic service, contributing to the empowerment of individuals and improving the health and well-being of all throughout Central Queensland.

WHIRSCQ works from a feminist perspective, which values all individuals, acknowledges diversity, and provides an individual-focused service delivery model. We encompass strength-based philosophies, which encourage an open, honest, and transparent therapeutic relationship with clients.

Eligibility Criteria

- Counselling, information & referral for emotional health & wellbeing.
  (E.g. personal, family and relationships, historical domestic violence) ***women and youth 14 years and over.***
- Sexual violence counselling and support service - ***women, men & youth 12 years and over***
  (recent or historical).

Have you discussed this referral with the client, and have they agreed to the information being shared with WHIRSCQ? Yes ☐ If not, please stop this referral process	Date:	
Referring Person / Agency:		
Agency's Address:		
Agency's Contact Phone:		
Agency's Contact Email:		

Client Name:			
Date of Birth:			
Phone Home:	Is it ok to leave a message ☐Y ☐N		
Phone Work:			
Phone Mobile:	Is it ok to leave a message ☐Y ☐N		
Email Address:			
Preferred method of contact:	☐ Mobile ☐ Text ☐ Email		
Residential Address:		Is it ok to send correspondence to this address? ☐Y ☐N	
Emergency Contact Name:			
Relationship to the Client:		Phone:	

Women's Health Information and Referral Service CQ Inc. ABN 63 464 913 092
Funded by: Queensland Government Department of Families, Seniors, Disability Services and Child Safety

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PLEASE READ THIS SECTION TO THE CLIENT:			
This may be a difficult question for you to answer; however, providing an answer will ensure you are prioritised correctly.			
Have you been affected by sexual assault?	☐Yes	☐No	
If you answered yes to this question, was it within the last two weeks?	☐Yes	☐No	☐Historical
Is this an issue that you would like to discuss?	☐Yes	☐No	☐Unsure

FOR STATISTICAL PURPOSES ONLY:				
Identified Gender:	☐ Female	☐ Male	☐ Non-binary	☐ Prefer not to say
Do you identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual or plus? ☐				
Cultural Background:				
☐ Aboriginal	☐ Torres Strait Islander	☐ South Sea Islander	☐ CALD	☐ None of these apply
Does You Require an Interpreter? ☐Yes	☐No	Language:		
Client Status:	☐ Employed	☐ Unemployed	☐ Concession Card Holder	
Client Group:	☐ Refugee	☐Disability	☐ Homeless	☐ Overseas Visitor	☐ Student	☐ Other

Is the client engaged in services/supports from other organisations (i.e. Mental Health, Psychologist, and/or Community Program)?

Organisation Name	Date Commenced	Contact Name	Contact Number

Brief description of circumstances/ other information:

_____

_____

_____

_____

_____

_____

Preferred day / time for appointment: _____

Preferred method of counselling: ☐ Face-to-Face / Phone ☐ Face-to-Face ☐ Phone

Referral origin type:
☐ Self ☐ Self/Previous client ☐ GP/Medical ☐ NGO ☐ Government ☐ Other

If other: _____

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Consent to release client information- must be fully completed to disclose ANY information.

Read to Client:

WHIRSCQ cannot provide ANY information to any party without your explicit consent. You can change, reverse or add to these permissions anytime by speaking to your counsellor. If you wish for any details to be shared, please complete the details below:

I, _____ (client name) give my consent for Women's Health Information and Referral Service CQ Inc. to release information with the following persons and/or agency _____ regarding:

☐ Appointments (to make appointments on my behalf, check next appointment, cancel and / or change).
☐ Engagement (to ask if I am attending my appointments and level of engagement).
☐ Content (to ask for detailed information about the content discussed in my session).

NOTE: any request will be discussed with you before the information is released.

_____ _____

Client Signature Date

Where did you hear about the WHIRSCQ service? _____

Please forward the completed referral form to intakeofficer@whccq.org.au