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**Supporting Youth and Families Towards a Better Future**

# Referral Form

Servicing NW Tasmania, King Island and West Coast

Name of Client: \_\_\_\_\_ D.O.B. \_\_\_\_\_ /Age \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: \_\_\_\_\_

Substance/s most problematic: \_\_\_\_\_ Own use **or** Other's drug use (circle one)

Preferred counsellor:  Male  Female (not guaranteed)

Treatment delivery setting:  Office  Home  Other (specify) \_\_\_\_\_

Have you received support from this service before? Yes / No (If yes, worker's name \_\_\_\_\_)

Comorbidity Issues: Yes **or** No (diagnosed illness, eg depression) Please specify \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referring Agency** \_\_\_\_\_ **Name of worker:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please feel free to attach any further information regarding this referral**

## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_ consent to: \_\_\_\_\_ of \_\_\_\_\_ releasing information regarding myself to: **Youth, Family and Community**

**Connections Inc.**

I understand that this consent will expire 12 months from the date of signing or on the termination of my contact with Youth, Family and Community Connections Inc., whichever occurs first. I understand that I may withdraw this authorisation, in writing, at anytime prior to the expiry date, except where action has already been taken on the basis of this authorisation.

Signature of client \_\_\_\_\_

Signature of worker \_\_\_\_\_

Date: ...../...../.....

Date...../...../.....