

# Referral Form

Ignite Potential Mental health services are for people from a refugee or migrant background who are experiencing psychological or psychosocial difficulties.

Email: [services@ignitepotential.or.g.au](mailto:services@ignitepotential.or.g.au) Phone: 0452 603 446

Ignite Potential is not a crisis service. For urgent assistance, please contact Lifeline on 13 11 14 or the Mental Health Line on 1800 011 511.

**If high risk of suicide, please refer immediately to Mental Health Access Team (MHAT) 1800 682 288**

Important – Client Consent is essential for all Ignite Potential services

## CLIENT INFORMATION

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Gender: M  F

Country of Birth: \_\_\_\_\_ Address:  
\_\_\_\_\_  
\_\_\_\_\_

Mobile Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Visa Category:

Australian Citizen  Permanent Resident  TPV/SHEV  Asylum Seeker (Bridging Visa) SRSS  
Support Y  N   Community Detention  Other Temporary Visa (please specify):  
\_\_\_\_\_

Preferred Language/s: \_\_\_\_\_

Interpreter Required: Y  N  Interpreter

Gender: M  F  others  \_\_\_\_\_

## FOR CLIENTS UNDER 18 YEARS OF AGE ONLY:

Has Parent /Guardian provided consent for the referral: Y  N

Parent /Guardian Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_ School:  
\_\_\_\_\_ School Phone No.: \_\_\_\_\_

**REFERRING ORGANISATION:**

Date of Referral: \_\_\_\_\_

Organisation Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

\_\_\_\_\_

GP Mental health care plan Y  N

**Referral Information**

Description of presenting concerns:-----  
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**Other services involved**

- 1.
- 2.
- 3.

**Relevant medication prescribed**

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**Current treating GP:-**

**Any further relevant information** -----  
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**CLIENT CONSENT**

**I have been given information about this referral and agree to be referred to Ignite Potential.**

**I understand that if another agency is requesting information regarding the client which does not relate to their current participation in the Ignite Potential, staff will request permission from you in writing before providing any information (this excludes statutory information sharing e.g. territory families, Mandatory Reporting).**

**Client signature ----- DATE -----**