



SELF-REFERRAL FORM

Please complete all sections of this form, to the best of your ability, and return to Turning Corners Intake via email.

Please scan all pages and email to intake@bravehearts.org.au

Please note that Turning Corners is a Fee for Service program. Fee Schedule is available upon request.

SECTION 1 REFERRER DETAILS

1.1 DETAILS OF THE REFERRER

Full name: _____

Relationship to young person: _____

Address: _____

Contact number: _____

Email: _____

SECTION 2 CLIENT DETAILS

2.1 DETAILS OF YOUNG PERSON BEING REFERRED

First name: _____

Middle name: _____

Surname: _____

Preferred name/s: _____

D.O.B: ____/____/____

Gender identity: _____

Cultural identity: _____

Current address: _____

2.2 FAMILY DETAILS

Caregiver 1: _____ D.O.B. ____/____/____

Caregiver 2: _____ D.O.B. ____/____/____

Relationship status: Married De facto Separated Divorced

Contact number: _____

Is Voicemail ok? Yes No

Is Email ok? Yes No

Are there any parenting orders in place? Yes No

Is the Primary Caregiver also the Client's Legal Guardian? Yes No

NOTE: If 'No', please be advised all Bravehearts Consent Forms can only be completed and signed by the child(s) Legal Guardian.

SECTION 3 REASON FOR REFERRAL & PRESENTING ISSUE

3.1 DETAIL WHAT PROMPTED THE CURRENT REFERRAL AND HOW YOU WOULD LIKE TURNING CORNERS TO SUPPORT THIS YOUNG PERSON.

3.2 DETAILS OF OTHER PROFESSIONALS INVOLVED

3.3 DOES THE YOUNG PERSON HAVE A DIAGNOSES OR MENTAL HEALTH CONCERNS?

If sexual assault has occurred, has this been reported to:

police child safety both

Has the young person been charged by Queensland Police? YES NO

Is there Youth Justice involvement? YES NO

Has the legal guardian and/or relevant agency agreed to pay the \$150/per session fee?
YES NO

SIGNATURE

Signed: _____ Date ____/____/____

Name: _____

CONFIDENTIAL