



C.A.T.C.H

Child & Adult, Therapy, Counselling & Healing

nexus
Primary Health
living well in your community

Referral form

Child & Young Persons' Details

Service Required:

Date:

Client Name:

Client ID:

Gender:

Address:

Town & Postcode:

Birthdate:

Mobile:

Email:

Cultural Identity:

Proposed Funding for service:

Referral Details

Name:

Profession:

Contact Phone Number/Email

	Yes	No	Unknown
Is family aware of Referral?			
Has consent been given? *Provide consent form			
Previous involvement with Child Protection?			
Is Child Protection involved with family now?			
If Yes, which family member and at what stage:			
Has the family been affected by Family Violence			
Is there current contact with the perpetrator?			
Has a Risk Assessment been completed?			



C.A.T.C.H

Child & Adult, Therapy, Counselling & Healing

nexus
Primary Health
living well in your community

Referral form

Additional – Children & Young Persons' Details

Name:	Birthdate:	Gender:
Address:		
Relationship:	ATSI	In Home?

Name:	Birthdate:	Gender:
Address:		
Relationship:	ATSI	In Home?

Name:	Birthdate:	Gender:
Address:		
Relationship:	ATSI	In Home?

Name:	Birthdate:	Gender:
Address:		
Relationship:	ATSI	In Home?

Name:	Birthdate:	Gender:
Address:		
Relationship:	ATSI	In Home?



C.A.T.C.H

Child & Adult, Therapy, Counselling & Healing

nexus
Primary Health
living well in your community

Referral form

Parents, Guardians, Care Givers

Name:	Birthdate:	Gender:
Address:		
Mobile/Phone No's:		
Relationship:	ATSI	In Home?

Name:	Birthdate:	Gender:
Address:		
Mobile/Phone No's:		
Relationship:	ATSI	In Home?

Carer/Parent's capacity to commit to services for self and children

Reason for Referral (presenting issues, client needs)



C.A.T.C.H

Child & Adult, Therapy, Counselling & Healing

nexus
Primary Health
living well in your community

Referral form

What are the client goals?

What services will you (referrer) continue to provide?

Service Name	Current Service	Contact Person	Phone/Mobile	Contact Date	Consent to Contact

Safety Assessment Alerts

Are there any concerns for the children's wellbeing and safety. Court orders?

Offices: Broadford, Seymour, Wallan, Kinglake and Community Outreach

Please return referral to: intake@nexusprimaryhealth.org.au

Phone: 1300 77 33 52