

## Ngunnawal Bush Healing Farm - Referral Form

### Client Information

Client Full Name		Date of Birth	
Address		Home	
Email		Mobile	
Place of Birth			

Referring Agency		Date	
Name of contact		Phone Number	

### Reason for referral to NBHF Program

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### Other support services the client is involved with, or has accessed in the recent past

Agency	Support Person	Support client is receiving and contact details

### Current Medications (required for suitability assessment)

Medication name (e.g. amoxicillin)	Dosage (e.g. 500mg)	Frequency (e.g. 4 x daily)	Reason for medication (e.g. infection)

### Mental Health needs – please provide as much detail as possible

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### Criminal History – please provide full history

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### Alcohol and Other Drugs – please provide full history of AOD use and past treatment

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## Consent to Share and Obtain Information

The Ngunnawal Bush Healing Farm (NBHF) treats personal information as confidential. Your information will be stored securely and only accessed by NBHF staff on a need to know basis.

I, ..... grant consent for NBHF staff to access my personal information from, and share my personal information with, the persons and services listed below. I understand that I have the right to withdraw or amend consent at any time.

Services/ Agencies	Contact Person and number	Consent to Obtain and Share Information
Mental Health Services		
Alcohol and Other Drug Services		
Health Service/ GP		
Corrective Services		
Legal Representatives		
Department of Housing		
Community Services		
Diversion Services (MERIT/CADAS)		
Centrelink		
Department of social services		
Hospital		
Family Members		
Other		

This consent is valid for a period of 12 months only.

I have **read and understood** the information provided above:

Client Name:	Client Signature:	Date:
Witness Name:	Witness Signature:	Date: