Regional Reset

BRIDGES Health & Community Care

CLIENT REFERRAL FORM – PRIVATE & CONFIDENTIAL

SUBMIT by email

Client Consent and Privacy – PLEASE READ…		
All services and supports provided by Bridges Health & Community Care are voluntary. Please confirm that you have client consent for this referral, AND your client agrees that this document and their details, will be shared with a local panel of providers representing *Qld Police Service, Qld Education and Qld Youth Justice Department* for final approval into BRIDGES Regional Reset Program. **To confirm consent, please select the relevant consent box.** All information is handled in accordance with our privacy policy available at https://www.bridgeshcc.org.au/privacy-policy.		
☐ Written Consent	☐ Verbal Consent	☐ Self-Referral
Have you obtained parental/guardian consent? ☐ YES ☐ NO		

Client Personal Details			
Name:			Date of Birth:
Address:			
Sex:	☐ Male	☐ Female	
Gender:	☐ Boy or Male	☐ Girl or Female	☐ Non-binary
	☐ Use a different term (please specify):		☐ Prefer not to answer
Does the person identify as Indigenous?	☐ Y ☐ N	If yes? ☐ Aboriginal ☐ Torres Strait Islander ☐ Both	
Country of Birth:	Preferred Language:	Translator Required ☐ Yes ☐ No	

Please provide details of how the client wishes to be contacted by Bridges to arrange an appointment – you may select multiple boxes			
☐ Phone Youth: ☐ Phone Parent/Guardian:	Can we leave a message on this phone?	☐ Yes	☐ No
Most convenient time to call:	If mobile, can we send an SMS?	☐ Yes	☐ No
☐ Email:	☐ Letter to home address		
☐ Letter to alternate address (please provide details):			

Location for Services Required			
☐ **Bundaberg & District**	☐ **Fraser Coast – Hervey Bay**	☐ **Fraser Coast – Maryborough**	☐ **North Burnett**

Reason for Referral – E.g. Petty Crime, School disengagement, Anti-Social Behaviour, at risk of Youth Justice, Police or Court Involvement - *Please attach any supporting documentation.*

Additional Information Relevant to Treatment OR Support Needs, E.g. Family involvement, Child Safety involvement, Barriers etc. ***Please include any pro-social activities or strategies already underway***
Specify if any Presenting Mental Health Issue E.g. Diagnosis, issue – anxiety, depression, bullying, trauma etc.
Specify if any Drug and/or Alcohol Issue E.g. alcohol, cannabis, including family substance use.
Specify if any Other Health Issues or Psychosocial Factors E.g. medical factors, other diagnosis, homelessness, stress, social situation
Specify if any Risk Factors E.g. Harm to self or others, suicide risk, vulnerability, domestic violence
Have you completed the Screening Tool for Regional Reset? If yes, please attach with this form.

Person or Service Provider Making Referral	
Name:	Date of Referral:
Phone / Fax:	Email:
Signature:	Organisation:

Email completed form to regionalreset@bridgeshcc.org.au