



Townsville Women's Health and Wellbeing Service

Referral Form

Townsville Women's Health and Wellbeing Service is available to women over 16, who are recovering from experiences of domestic and family violence and other forms of gender-based violence.

The service provides trauma-informed counselling, coaching and case management support to meet the ongoing needs of women, who require assistance to achieve better health and wellbeing. This service is free and available to women living in Townsville and the surrounding area.

This form is confidential and the client being referred must agree that the details included on this referral form are accurate (please see 'consent to share' section on the next page).

[Once completed, email this form to whws@neaminational.org.au](mailto:whws@neaminational.org.au)

Referrer details

Referrer name _____

Agency _____ Role/relationship _____

Phone _____ Fax _____

Email _____

Client details

Full name _____

Preferred name _____ Date of birth _____

Street address _____ No fixed address

Suburb _____ Postcode _____

Phone _____ Mobile _____

Email _____

Preferred contact Phone – safe to leave voicemail Email SMS

Best contact day/time _____

Indigenous status	Aboriginal but not Torres Strait Islander origin	South Sea Islander origin
	Torres Strait Islander but not Aboriginal origin	Neither Aboriginal nor Torres Strait Islander
	Both Aboriginal and Torres Strait Islander origin	Not stated/inadequately described

Culturally and linguistically diverse? Yes No Country of birth _____

Preferred language _____ Interpreter required? Yes No

Proficiency in spoken English Very well Well Not well Not at all N/A

Any dependants? Yes No If yes, number of dep. _____

Referral information

Reason for referral

What type of support and assistance is being sought?

Do you have any concerns for the safety of this client or her children? Yes No

If yes, please note any action taken:

Consent to share information

The Privacy Act requires the applicant to sign this form giving their consent for the release of their information and details.

I give consent for my details and information to be shared with Neami National.

I give consent for Neami National to keep a record of my referral and to contact the person or agency referring to update any information and to participate in future treatment planning.

Client signature _____ Date _____

Verbal client consent

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referral with the client. I am satisfied that the client understands the proposed uses and disclosures and has provided their informed consent to these.

Referrer signature _____ Date _____

What happens now?

After the Townsville Women’s Health & Wellbeing Service team receive your referral, they’ll be in contact with the client being referred **within two business days**.

Contact

Townsville Women’s Health and Wellbeing Service

Phone 07 4766 8415

Email whws@neaminational.org.au



Townsville women's Health & Wellbeing Service is a Neami National service funded by the Office for Women and violence Prevention Department of Justice and Attorney-General

