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| --- |
| **Details of the person for whom the referral is being made:** |
| First name: Family name:  Date of birth: Male / Female / X (Indeterminate/Intersex/Unspecified)  Address:  Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternative Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Referee’s details:** |
| Name:  Agency/Practice name:  Contact (please indicate preferred form):  Phone: Fax:  Email: Address: |
| **Reason for referral:** |
|  |

**Release of information:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent for information regarding my:   
[  ] Referral Only [  ] Referral and ongoing Counselling  
to be exchanged between my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. GP, case worker) and Amity Community Services.  
I consent to Amity leaving a message on my contact numbers above if necessary: Yes No

Signature: Date:   
Witness name and signature: Date:   
**Fax: (08) 8981 8456 AMITY COMMUNITY SERVICES INC.   
Email: habitwise@amity.org.au  
Address: 155 Stuart Highway Parap, NT 0820   
Postal Address: G.P.O Box 3628 Darwin, NT 0801**

**Client to phone to book appointment on (08) 8944 6565**