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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**