



## WISE Referral Form

To be completed by referring staff member with the client or by the individual who is making a self-referral.

### Client Details

Name:

Date of Birth:

Phone Number:

Address:

### Referrer Details

Name:

Phone Number:

Organisation:

**Provide a summary of current mental health issue(s), indicate if diagnosed by professional or other.**

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**Provide a summary of other presenting issues.**

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**Does the client identify as being impacted by any trauma (physical, sexual, emotional abuse, or a single incident)?**

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**Is the client currently linked in with any other services?**

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**What are the client's main motivations and goals for attending program?**

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How **IMPORTANT** is it to you to make this change?

Not at all 1 2 3 4 5 6 7 8 9 10 Extremely

How **CONFIDENT** do you feel in making this change?

Not at all 1 2 3 4 5 6 7 8 9 10 Extremely

How **READY** are you to make this change?

Not at all 1 2 3 4 5 6 7 8 9 10 Extremely

I consent to this information being exchanged with Banyule Community Health. I understand that completing this form does not guarantee a place in the WISE program.

Client Signed: \_\_\_\_\_