RUAH COMMUNITY SERVICES

Referral Form

connecting@ruah.org.au
13 RUAH (13 7824)

Client Name		Preferred Name		
DOB		Phone		
Gender	Male	Female	Transgender	Not Specified
Address			Post Code	
Email				
Aboriginal	Yes No	Torres Strait Islander	Yes No	
Main Language		Yes	No	
Interpreter Required		Yes	No	
If applicable BRA, discharge summary and crisis action plan to be attached				
Are there any psolis alerts in place?		Yes	No	
Current Treating Health Professionals				
Name		Practice		
Postal Address				
Phone		Fax		
Email				
Is the treating practitioner willing to work with Ruah?		Yes	No	
Reason for referral				

Client Permission
Does the client give permission for the release of their information to Ruah? Yes No Does the client give permission for Ruah to contact them? Yes No