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Client Referral Form

Date / /

CONSENT OBTAINED: Verbal Written None

Referrer Contact Details

Name: _____
 Phone: _____
 Email: _____
 Organisation: _____

Young Person's Contact Details

Name: _____
 Phone: _____
 Address: _____
 D.O.B: _____

Young Person's Supporting Information:

Cultural Identity: Aboriginal TSI Non-ATSI Other _____
 Email: _____
 School/Year: _____
 Job/Training: _____

Issues Identified with Young Person:

Homelessness or at risk of homelessness Financial Issues
 Conflict with Parents/Guardians Disability Issues
 Mental Health Issues Child protection service/orders in place.
 School Issues Legal Issues
 Other services involved: _____

Please outline current needs: _____

Office Use Only

Person completing referral: _____ Waiting List (if applicable) Referral form photocopied and put in folder Inappropriate Referral
 NEC: Attempt Dates [1] ___/___/___ [2] ___/___/___ [3] ___/___/___ Case noted Letter sent Spreadsheet completed