EMBER & OAK
THERAPY
BY AMY INGLIS

FOR PROFESSIONALS

Referral Form

Referrer details

Referrer name:

Profession:

Organisation/practice:

Email:

Phone:

Date of referral:

Address:

Client details

Full name:

DOB:

Preferred name:

Pronouns:

Phone:

Email:

Parent/guardian details (if under 18):

Emergency contact:

Address:

Relevant medical history

Include anything that may impact treatment

Mental Health History

Current diagnosis(es) (including provisional diagnoses if applicable):

Previous psychiatric admissions (including discharge summary):

Referral Information

Reason for referral:

Presenting concerns:

Goals for therapy:

Duration of concerns:

Previous interventions attempted:

Mental health treatment plan date (if applicable):

Risk assessment

Suicide risk:

Self-harm:

Aggression:

Family violence:

Child protection concerns:

Substance use:

Please provide details if any risks are identified:

Funding (circle relevant)

Medicare mental health treatment plan

- Medicare sessions used this calendar year: _ / 10

NDIS

TAC

WorkCover

Self-funded

Other

Current Supports (circle relevant)

GP	Occupational therapist
Psychiatrist	Speech pathologist
Paediatrician	Social worker/psychologist
School wellbeing staff	Other services involved

Medications

Medication	Dose	Frequency	Reason

Consent

I have obtained the client's (or parent/guardian's) consent to share this information for the purpose of referral to Ember & Oak Therapy

YES NO

What would a successful outcome look like?

Securely return referrals via:

Email - hello@emberandoaktherapy.com.au

Other relevant information

Please attach any relevant reports (e.g. Mental Health Treatment Plan, psychiatric reports or assessment reports) where available. (family circumstances, cultural considerations, communication needs or anything else that may assist with treatment)

For clients under 18 years only

School/education

School name

Year level

School wellbeing contact (if involved)

Attendance concerns (Y/N)

Alternative education/home schooling (if applicable)

Living arrangements

Who does the young person live with?

Parenting arrangements (shared care, sole care, foster care, kinship care, etc.)

Parental responsibility and consent

Who has legal parental responsibility?

□ Mother
□ Father
□ Both parents
□ Guardian
□ Department of Families, Fairness and Housing (DFFH)
□ Other:

Are there any parenting orders, Family Court orders or intervention orders relevant to treatment?

□ No
□ Yes (please attach copies if available)

□ Current Child Protection involvement
□ Previous Child Protection involvement
□ Out-of-home care
□ Family violence concerns
□ Current safety concerns