



WELLNESS HUB REFERRAL



For Completion by PARENT OR CAREGIVER

Privacy Notice: This information is being obtained to assist the Wellness Hub in providing support for your child. It may, as appropriate, be provided to other members of the school staff involved in supporting your child. Provision of this information is voluntary. It will be stored securely.

Office Use Only:

- Date referred: _____
- Discussed at LaW: Yes / No
- Allocated to: SSO School Counsellor AEO
- Emailed allocated person: Yes / No
- Reports provided & Scanned Date: _____
- Parental Consent for under 14 Yrs of age

Section A – Client Registration Details (Please tick the appropriate boxes and print clearly)

Date referred: _____

Service to be referred to: Student Support Officer School Counsellor AEO

First Name: _____	Last Name: _____	Age: _____
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Indigenous Status:

- Indigenous – Aboriginal or Torres Strait Islander Origin
- Not Indigenous
- Declined to Respond
- Unknown

Section B – Client Services History (Please print clearly)

Reasons for referral/what concerns do you have?

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Developmental History (e.g. has your child ever been seriously ill or had an accident?).

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Previous services involved (e.g has there been previous services involved such as General Practitioner, Psychologist, Social Worker, Occupational Therapist, Pediatrician, Psychiatrist or other Allied Health or support agencies?).

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Any diagnosis in the past and if so, what was it and who diagnosed (General Practitioner?).

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What would you like the Wellness Hub to assist with and address?

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I have read the Privacy Notice and give permission for the LaW Team to:

- Carry out assessments and counselling as required: YES / NO
- Contact the authors of the reports I have provided from the agencies listed: YES / NO
- Exchange information with these agencies: YES / NO

Parent/caregiver's signature: _____ Date: _____

Office Use only:

Outcome: