

# the drum youth services referral form

Date Seen: \_\_\_/\_\_\_/\_\_\_

Name of Worker: \_\_\_\_\_

## Youth Services Client Registration Details

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>	<b>Pronouns:</b>	<b>Date of Birth:</b>
<b>Address:</b>				
<b>Suburb:</b>	<b>Postcode:</b>	<b>Family Membership (who you live with):</b>		
<b>Marital Status:</b>				
<b>Sexuality:</b> <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____				
<b>Work Telephone:</b>	<b>Home Telephone:</b>	<b>Mobile:</b>		
<b>Email address:</b>				
<b>Highest Education Level:</b>				
<b>Employment Status:</b>			<b>Annual Income:</b>	
<b>Centrelink payments received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Do you have a valid Health Care Card:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Ancestry:</b> _____				
<b>Country of birth:</b> _____				
<b>Are you of Aboriginal or Torres Strait Islander Origin:</b> <input type="checkbox"/> No <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Both			<b>If you were not born in Australia, what year did you arrive:</b>	
<b>What is the main language that you speak at home:</b> _____				
<b>If the main language you speak at home is not English, please rate your ability to speak English:</b> <input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Very well <input type="checkbox"/> Well				
<b>Do you need an interpreter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

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**Referral Source:**

**Presenting Issues:**

**Work undertaken for/with the client:**

**Case now to be closed: Yes / No**