

4. Family Details and Significant Others	
Current Partner's Name	
Date of Birth	Male [] Female []
Address	Postcode:
Contact Numbers	
Country of Birth	
Cultural Identity	
Language Spoken <i>(first language/language spoken at home)</i>	<i>Interpreter Required? No [] Yes []</i>
Marital Status	
Describe other significant persons to the client (children; step-children and those living with the client or the client's partner). Describe their relationship to the client.	

4. Current Court or Statutory Orders	
Provide details of any order/s. Child Safety, Corrections, Domestic Violence Orders. Provide start and expiry date and conditions for both the client and relevant other parties	

If necessary attach additional pages.

5. *Mental Health*

Does the client have a history of childhood trauma, violence towards others, self-harming, substance abuse, or addiction?

Provide specific details of behaviours and mental health assessments

Is the client on medication/s; prescribed or self medicating?

What are the client's current behaviours?
Sleep disturbance?
Concentration/memory problems?

Is the client a risk to other adults or children?

6. *Supporting Details*

Education level

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Primary | <input type="checkbox"/> Tertiary Certificate | <input type="checkbox"/> Tertiary Degree |
| <input type="checkbox"/> Year 10 | <input type="checkbox"/> Trade Certificate | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> Year 12 | <input type="checkbox"/> Tertiary Diploma | <input type="checkbox"/> Special School/Ed |

What activity is the client engaged in during the day?

- | | |
|---|--|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Under 15 years of age |
| <input type="checkbox"/> Not in workforce | <input type="checkbox"/> Not Known |

Is the client currently supported by other agencies, family or friends?

Provide specific details, include any counselling history.

Attach additional pages if necessary.



Mercy
Family Services

MEN AND FAMILY RELATIONSHIPS PROGRAM

Referral & Intake for Counselling

When completing this form –

The Men and Family Relationships Program (MFRP) provides counselling support to men and their families. The criteria for the service are as follows:

- Men 18 and over and their families living in the Inala, Goodna and Ipswich areas
- Dept of Child Safety Self referral, no ongoing intervention by the department
- Community Corrections No jail time, up to 2 court appearances
- Community Mental Health Mental health must be stable
- Community Health All of the above
- Self referral All of the above
- C'wealth Rehabilitation All of the above
- Job Network – Personal support Plans All of the above

1. All agencies making a referral to MFRP should use this referral form. *All fields should be completed* or marked 'N/A' or 'unable to state'.
2. Clients with a mental illness are required to be stable (on medication if appropriate).
3. Clients can receive up to 12 counselling sessions. Anger management programs are usually provided in a group setting.
4. If follow-up or progress reports are required, the referring worker will need to make arrangements with the counsellor once counselling starts.
5. When referring a client, please advise them that from time to time there will be a waiting list for counselling services; this can be up to three months. When a vacancy arises, a counsellor will contact the client to make an appointment.
6. Fees are charged for counselling services. Job Network Providers and CRS are required to meet the fees for their clients. The fee arrangement for other clients will be negotiated with the counsellor at the first session.

Fees - \$15 per session for Health Care Holders or \$1 for every \$1,000 per annual income – for a yearly income of \$30,000 pa the fee would be \$30. Nobody will be refused counselling because they are unable to pay. If a client can not meet the fee, a gold coin donation is requested.

7. Once the referral is accepted the client will received a letter from the intake counsellor.
8. Attach additional pages if necessary.

Please forward complete referral to –

Intake Counsellor - Men and Family Relationships Program
Mercy Family Services
PO Box 168 Goodna Q 4300
Tel 07 3280 8000
Fax 07 3288 2044 or Email – goodna.admin@mfsq.org.au