



CLIENT DETAILS

Full name

Date of birth

Phone

Email

Preferred contact:

☐ Phone

☐ SMS

☐ Email

Communication support?

☐ Yes

REFERRER DETAILS

Name

Organisation / practice

Role

Phone

Email

REASON FOR REFERRAL

Support requested:

☐ Emotional support / wellbeing

☐ Service navigation / referrals

☐ Appointments / paperwork

☐ Follow-up while awaiting services

☐ Needs & priorities

☐ Practical support planning

☐ Community connection

Brief reason for referral / current support need

CURRENT CARE

Connected with other services?

☐ Yes

☐ No

Mental Health Care Plan (MHCP)?

☐ Yes

☐ No

MHCP attached?

☐ Yes

☐ No

☐ N/A

Current services / pending referrals (optional)

SAFETY & CONSENT

Known information relevant to safe contact or service delivery?

☐ No

☐ Yes

If yes, brief details

Client has consented to this referral, relevant information being provided, and direct contact:

☐ Yes

SCOPE

Non-clinical wellbeing support only. Willow & Ark Wellness does not provide psychological therapy, clinical assessment, diagnosis, medical advice or crisis intervention. For urgent or emergency needs, use the appropriate crisis or emergency pathway.

SUBMIT REFERRAL

admin@willowarkwellness.com | 0467 885 746 | ABN 61 176 890 815

Please provide only information relevant to the referral and safe service delivery.