



Nyrelle Bade

Arts Therapist
QMACA, ANZATA Assoc, Prof ACATA

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ALL INFORMATION IN THIS FORM IS CONFIDENTIAL AND WILL NOT BE DISCLOSED TO ANY OTHER
THIRD PARTY.

ARTS THERAPY REFERRAL FORM

Date of referral: _____

About the client

Male Female

Client's name: _____ D.O.B. _____

Address: _____

Phone: _____ Does the client require an outreach service? YES/NO

Emergency contact: _____ Phone: _____

About the service

Name of person submitting referral: _____

Service name: _____ Phone: _____

Email: _____

Reason for referral:

Treating GP: _____ Phone: _____

Clinical diagnosis (if available): _____

Current medications: _____

Is the client medication compliant? YES/NO

Is there a 'crisis plan' in place? YES/NO (Details): _____

Any legal issues? _____

Please tick if the following issues that apply to this client: (Risk assessment)

<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Depression
<input type="checkbox"/>	P.T.S.D	<input type="checkbox"/>	Intellectual Disability
<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Dissociative Identity Disorder
<input type="checkbox"/>	Suicidal Ideation	<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Psychosis/Schizophrenia
<input type="checkbox"/>	Trauma	<input type="checkbox"/>	Aggression/Violence/Impulse disorder
<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>	Self harm

Comments:

Does the client have a court appointed guardian? YES/NO

Name: _____ Phone: _____

Is the client aware of this referral? YES/NO

Is the client managed by a 'care management team'? YES/NO

List services involved: _____

Relevant family history: _____

Additional information: _____

Client consent Form

This form is for the client to agree/disagree to obtaining information from relevant professionals who have provided or continue to provide care to the client. This information will be kept confidential at all times. This information will only be used for planning of the arts therapy sessions.

(Please read this information to the client)

It has been explained to me by _____ that Nyrelle Bade

(Arts Therapist) has been contacted about providing me with Arts Therapy services.

I understand that I do not have to pay for these services, and that they will be part of my funding package (or paid by another agency).

The arts therapist may want to contact some of the services involved in my case plan so as to provide me with a professional, enjoyable and quality arts therapy service tailored to my needs & interests.

I give consent to Nyrelle Bade (Arts Therapist) to contact relevant health care services.

Signed client: _____

Date: _____

This information was read to me/provided to me by:

Name: _____