

If you require any assistance in completing the form, please contact our Mildura Office on (03) 5051 0000 and ask to speak to one of our clinicians.

Completed forms can be emailed to [pws@catholiccarevic.org.au](mailto:pws@catholiccarevic.org.au) or posted to *CatholicCare Victoria, 136 Lime Avenue, Mildura VIC 3500.*

## Contact Details

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Informed Consent

**Referral Date** (Day/Month/Year): \_\_\_\_\_

**Information Received:**     Service Leaflet     Self-Help Factsheet     Client Guide     Consent Form

**Preferred Communication:**     Voicemail     Text     Email     Post

## Accessibility (Optional)

Please describe any difficulties you may have in accessing our service: \_\_\_\_\_

How can we ensure that our service is easier for you to access? \_\_\_\_\_

## Personal Safety

Please describe any concerns you have regarding the safety of yourself or others? \_\_\_\_\_

If so, what is your plan to be safe? \_\_\_\_\_

## Main Problem

**Children's behaviour:**       Disruptive behaviour                       Avoidance

**Stress, alcohol, or drugs:**     Anxiety               Depression               Alcohol               Drugs

How long have you been experiencing the above problem(s)? \_\_\_\_\_

If you are 14-years or above, please tick how often you have been bothered by the following problems over the last two weeks:

PHQ-4	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Office use only: total score =</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>

Additional information (Optional):

## Additional support (Optional)

**General Practitioner:** \_\_\_\_\_  Consent to contact

Address: \_\_\_\_\_

**Other support:** \_\_\_\_\_  Consent to contact

Contact details: \_\_\_\_\_

## Referrers details (Optional)

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Telephone: \_\_\_\_\_