

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 enquiries@centacaremildura.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)? _____

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: _____