FAMILY AND RELATIONSHIP SERVICES (FaRS) & SPECIALISED FAMILY VIOLENCE SERVICE (SFVS) – Third Party Referral Form

LUTHERAN CARE

REFERRAL AGENCY DETAILS

Date of Referral:	**Referring to:** ☐ FaRS ☐ SFVS
Name of Person Making Referral:	
Organisation:	**Position:**
Contact Number:	**Email:**
Does this client give consent to referral? ◉ Yes ○ No (Client's parent/s or guardian if under 18)	

CLIENT DETAILS

Given Name/s:	**Family Name:**	
Gender: ◉ Male ○ Female ○ Rather Not Say ○ Other (please specify):		
Date of Birth (DOB):	**Is this DOB estimated?** ○ Yes ◉ No	
Contact Number:	**Email:**	
If an interpreter is required, what language?		
Is there a specific time during the day that is better to contact the client?		
Address:	**State:**	**Postcode:**

PARENT/GUARDIAN DETAILS (IF CLIENT IS UNDER 18)

Given Name/s:	**Family Name:**	
If an interpreter is required, what language?		
Contact Number:	**Email:**	
Address:	**State:**	**Postcode:**
Are there any Family Court orders or Intervention Orders relating to the client? Please specify. **If yes, copies of the orders must be presented for counselling to commence.*		

REASON FOR MAKING REFERRAL

OFFICE USE ONLY

Referral received date:		**Received by:**	

Please return completed forms to:
Email: fars@lutherancare.org.au
Office: Lutheran Care - Blair Athol, 309 Prospect Road, Blair Athol SA 5084
For further assistance please call: (08) 8269 9300