



BUNDABERG AREA YOUTH SERVICE INC.  
 PO BOX 1743  
 BUNDABERG  
 QLD. 4670  
 Direct Youth Worker Line: 07 41517773  
 OFFICE & YOUTH CENTRE  
 46 MARYBOROUGH ST BUNDABERG  
 (Opp Bundy High)  
 OfficePhone: 07 41532227  
 Fax: 07 41533443

**CONFIDENTIAL**  
**REFERRAL FORM**  
**Internal / External**

CLIENT NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE: \_\_\_\_\_ GENDER: Male  Female

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP TO CLIENT: \_\_\_\_\_

Client Status      At HIGH Risk      At MEDIUM Risk      At LOW Risk      *(please circle)*

PERSON MAKING REFERRAL: \_\_\_\_\_

SERVICE DETAILS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SERVICE REQUIRED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RELEVANT INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please create another document if required \_\_\_\_\_

ADDITIONAL INFORMATION ATTACHED:	Yes	No ( please circle )
PARENT PERMISSION:	Yes	No ( please circle )
PERMISSION TO RELEASE ATTACHED:	Yes	No ( please circle )

Signed

Signed

\_\_\_\_\_  
 Worker

\_\_\_\_\_  
 Client