National Association for Loss & Grief (NSW) Inc
NALAG Dubbo (Head Office) **Phone:** 02 6882 9222
***Please return completed form to*:**
FAX: 02 6884 9100 **EMAIL**: rego@nalag.org.au

NALAG
National Association for Loss and Grief (NSW) Inc

Database Registration Number:

Referral Form

☐Mr. ☐Miss ☐Ms. ☐Mrs.	Family Name:	Given Names:

*** If referral is for a minor please provide Parent/Guardians name/s below:**			**Birth date:** / /	**Age:**	**Sex:** ☐F ☐M
Family Name:	**Given Name:**	**Relationship to person referred:**			

Street address:	**Town:**	**State**	**Postcode:**
Mobile Phone No:	**Home/work Phone No.:**		
Email:	**How did you hear about NALAG?**		

Self Referral	**Aboriginal or TSI**	**Disabled:**	**CALD:**
☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Referring Agency Information

Is the client aware of the referral? ☐Yes ☐No	Referring Agency:	
Caseworkers Name:	Phone:	Fax:
Consent given from client to share information from NALAG to Referrer ☐Yes ☐No		

Mental Health

Mental Health Issue:	**Condition:**	**Diagnosed:**	**Medication:**
☐Yes ☐No		☐Yes ☐No	☐Yes ☐No
Is the client seeking assistance from any other agency or practitioner: ☐Yes ☐No			
List agencies/practitioner's name:		Phone No:	

Suicide Risk	**Have you thought of taking your own life?**	**Do you have a plan?**	**Have you attempted suicide previously**	**Do you have the means?**
☐High ☐Low	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Safety Issues				

Current Situation

Losses: *(Please tick)*

- ☐ Death of Wife
- ☐ Death of Husband
- ☐ Death of Father
- ☐ Death of Mother
- ☐ Death of Sibling
- ☐ Death of Baby
- ☐ Death of Infant
- ☐ Death of Child
- ☐ Death of Grandparent
- ☐ Divorce
- ☐ Separation
- ☐ Miscarriage
- ☐ Stillbirth
- ☐ Abortion
- ☐ Infertility
- ☐ Illness
- ☐ Disability
- ☐ Pet
- ☐ Unemployment
- ☐ Financial
- ☐ Trauma
- ☐ Rural
- ☐ Other:

Date of Death (if applicable): / /	**Are there any legal issues:**

Details:

Please turn over to record more information

CONTACT PREFERENCE: ☐ FACE TO FACE AT THE CENTRE ☐ TELEPHONE SUPPORT

Office Use Only

Referral received: / /	Referral taken by: ☐BB ☐CB ☐DT ☐GO Other_____	**Referral Accepted:** ☐Yes ☐No **(see notes)**	Date contact made with Client: / /	Date Volunteer Contacted: / /	**Database Updated:**	**BRANCH ID:**
Branch Assigned: ☐**DUB** ☐**MUD** ☐**GS** ☐**MiiN** ☐**Hun**				**Name of Volunteer assigned:**		

Details: (continued)

Office Use Only

CONTACT:

GENOGRAM