



Name: _____

D.O.B: _____ Age: _____

Gender: Female Male LGBT No Answer

Contact Address(es): _____

Contact Phone(s)/Email: _____

Date of Referral: _____

Referrer: _____

Program, Worker: _____, _____

Urgent: Yes No

Date of Contact Client: _____

Previous client yes no

Cultural Identity: Aboriginal Torres Strait Islander Polynesian Vietnamese

CALD _____ Cultural ID (Other) _____ Anglo

Interpreter Required: yes no Language(s) Spoken: _____

Presenting Issues:

Program Specific

Accommodation, currently staying @ _____

Educational Issues, HS: _____ Grade: _____

School Refusal Issues Training/Employment, Course/Activity: _____

Court/Offending Youth Justice Order _____

Family Reconnect

Anger Management/Crime Prevention

Cultural Specialising

Other Specific Assistance

General Support

Advocacy, type: _____

Financial, type of assistance required: _____

Health Issue(s): _____ Substance Misuse

Child Safety, details: _____

Counseling, type: _____

Information, type: _____ Event/Activity/Group Info.: _____

Project/Agency Involvement Request: _____

Largefly/ Gypsis Inquiry: _____ Other: _____

Referral(No info. to referrer required), Referred to: _____

Further Support Needed: yes no

Referred to: _____

Discussed/E-mailed with Referrer: yes no

Any Key Family/Other Info.(Not mandatory to fill):

- _____
- _____
- _____
- _____



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