

# WHWS Therapeutic Referral Form

Please email referrals to [info@whws.org.au](mailto:info@whws.org.au)



Date: \_\_\_\_\_ Referring Agency \_\_\_\_\_

Referrer's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Email address \_\_\_\_\_

Which WHWS service are you referring for? (please circle all that apply)

Individual	Couples	Family	Children	Sex Therapy
Unplanned Pregnancy	COS Consults	EAP	Professional Supervision	Coaching (business)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Identity \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

Preferred pronoun(Please circle)

He/him/his   She/her/hers   They/them/their   Neither

Do you identify as Aboriginal or Torres Strait Islander?   Yes   or   No

Does this client identify themselves as Culturally and Linguistically Diverse?   Yes   or   No

Mobile \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Partner's Name \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Mobile \_\_\_\_\_

Do you have a carer?   Yes   or   No

Do you want your carer/ support person involved in your care at WHWS?   Yes   or   No

How do you want your carer/ support person involved?

Preferred time for WHWS to call you?

Is it ok to leave a message on these numbers or send an email or letter? (please circle all that apply)

Mobile	Email	Home	Letter	Emergency Contact
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Do you have any children? Please list child/ren's Names & Dates of Birth

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

08 9490 2258

[www.whws.org.au](http://www.whws.org.au)

Suite 7, Level 1 Gosnells Community Lotteries House 2232c Albany Highway Gosnells 6110

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## CONSENT FOR RELEASE OF INFORMATION

I consent to.....  
(please print full name and profession)

Service/Agency:.....

Phone: .....

Address: .....

.....

.....

the exchange and/or release of information regarding my personal or child's circumstances with Women's Health and Wellbeing Services. Suite 7 Level 1 Gosnells Community Lotteries House 2232c Albany Highway Gosnells.

Signed: .....

Date: .....