



# Marsden State High School

## Social Work Referral Form

Student details							
Full Name				Verified disability		<input type="checkbox"/> No <input type="checkbox"/> Yes Type:	
DOB		Year Level		OOHC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Cultural identity		<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander		<input type="checkbox"/> Both		<input type="checkbox"/> EAL/D
Has consent been obtained to make this referral?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent / guardian details							
Guardian's name			Relationship to student				
Resides with student		Is aware of the referral		Is happy to be contacted		Could transport if required	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referrer details							
Full Name				Role			
Signatures							
Referrer's Signature:						Date:	

Referral details	
<p><b>Is the main presenting issue related to an underlying mental health concern?</b> e.g. anxiety, eating issues, depression, school avoidance, social challenges, trauma, significant change in presentation, family separation.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, details of mental health concern:</i></p> <p><input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Family issues/ conflict <input type="checkbox"/> Disordered eating  <input type="checkbox"/> Peer relationship difficulties <input type="checkbox"/> Personal relationship difficulties <input type="checkbox"/> Stress  <input type="checkbox"/> Self-harm <input type="checkbox"/> Grief and Loss <input type="checkbox"/> Crisis management <input type="checkbox"/> Recovering trauma <input type="checkbox"/> Assessment and support (at risk of harm) <input type="checkbox"/> Identity/ self-esteem  <input type="checkbox"/> Other _____</p>
<p><b>Is the student experiencing any situational life stressors, currently?</b></p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, details of current stressors:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Areas of student functioning impacted by mental health concern:</b></p>	<p><input type="checkbox"/> Personal care <input type="checkbox"/> Relationships <input type="checkbox"/> Recreational activities  <input type="checkbox"/> Academic/vocation <input type="checkbox"/> Emotions <input type="checkbox"/> Communication skills</p>



<p><b>Is the student currently seeing another mental health professional for support with this issue?</b></p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p>	<b>Name of agency / professional</b>	<b>Details of service/s provided</b>
<p><b>Is the student a risk to themselves or others?</b></p> <p><input type="checkbox"/> Self-Harm    <input type="checkbox"/> Suicidal Ideation    <input type="checkbox"/> Aggression    <input type="checkbox"/> Threats</p> <p>Details:</p>		
<b>Additional notes</b>		

Please email this referral form to Annabelle, the school social worker ([aoakl40@eq.edu.au](mailto:aoakl40@eq.edu.au))

<b>Checklist (FOR USE OF SW ONLY)</b>	
<p><input type="checkbox"/> Referral uploaded to OneSchool</p> <p><input type="checkbox"/> Parents contacted to complete consent form</p> <p><input type="checkbox"/> Consent form completed and uploaded in OneSchool</p> <p><input type="checkbox"/> Referrer notified of outcome</p>	