

FocusOne Health - Bereavement Navigation Service

Referrer to complete form and fax to **(08) 8582 3190** or email to bereavement@focusonehealth.com.au

Referrers Details:		
Date of Referral:	Referrer Name:	
Organisation:	Phone Number:	
Does the client consent to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>FocusOne Health is a voluntary service and all clients must consent to and be willing to engage in services</i>		
Client Details:		
Name:	DOB:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Not stated	
Address:		
Home Phone:	Mobile:	
Do you identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither		
Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (please state):		
Referral criteria:		
<input type="checkbox"/> Recent bereavement <input type="checkbox"/> At risk of prolonged grief <input type="checkbox"/> Other (please specify):		
Further information regarding the client's bereavement:		
In case of Emergency contact	Name: Relationship to client:	Phone:
Client's Signature:	Date:	
Referrer Signature:	Date:	

Further information on the Bereavement Service Navigation program can be found on the FocusOne Health website: <https://focusonehealth.com.au/services/> or phone (08) 8472 8255