

Intake Referral Form & Consent to Release Information

Referring Agency: _____

Contact Person: _____

Phone: _____ **Email:** _____

Please complete this form as best you can. It is OK to leave some parts blank if you are unsure.

Personal Details:

First Name:	Last Name:
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Address:	Suburb:	Postcode:
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Phone:

Birth Date: _____ Are you Aboriginal or Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> Both <input type="checkbox"/> Are you an Australian Citizen or Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a medicare card? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what VISA do you currently hold? _____	<u>Sex:</u> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
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Pregnancy Test done previously? Yes / No (please circle) <input type="checkbox"/> +ve <input type="checkbox"/> -ve No. of weeks pregnant or due date _____ Likely to continue pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>
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What is the primary reason for your referral?

- Emotional Support Practical Assistance (eg maternity & Baby goods)
Abortion Information Accommodation Assistance Continued Education Pathway
Pregnancy Test Post Abortion Care Parenting Education
Other Please specify _____

Confidentiality is an essential part of your relationship with your worker. All aspects of your participation in services provided by the Pregnancy Help Australia network, including the scheduling of appointments, content of discussions, and any records that we keep, are confidential as outlined under the commonwealth Privacy Act 1988 and by state laws.

Do you consent to have necessary information disclosed and obtained between your referring agency and the Pregnancy Help Australia network? (please tick) Yes No

I hereby authorise _____ of _____ (name of organisation) to supply my contact and intake details to PREGNANCY HELP AUSTRALIA LTD. for the purpose of connecting me with a network pregnancy support service local to me. I consent to being contacted by a member of the Pregnancy Help Australia network staff via the details provided above. I agree that this information will be kept private and confidential and will only be used for the purpose outlined above.

SIGNED: _____ **DATE:** / /

Full Name: _____