

Please return completed form to:

FAX: 02 6884 9100 EMAIL: [contact@nalag.org.au](mailto:contact@nalag.org.au) Mail: PO Box 379, Dubbo NSW 2830

For more information: Phone 02 6882 9222

Registration Number:

## Registration Form

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Family Name:	Given Names:				
* If referral is for a minor please provide Parent/Guardians name/s below:					Birth date:	Age:	Sex:
Family Name:	Given Name:	Relationship to person referred:		/	/	<input type="checkbox"/> F <input type="checkbox"/> M	
Street address:			Town:	State	Postcode:		
Mobile Phone No:			Home Phone No.:				
Work Phone No:			Email Address:				

### Statistics

Self Referral	Group Referral	Aboriginal or TSI	Disabled:	CALD:
YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

### Referring Agency Information

Is the client aware of the referral? YES/NO	Referring Agency:
Caseworkers Name:	Phone No: Fax Phone No:

### Mental Health

Mental Health Issue:	Condition:	Diagnosed:	Medication:
YES/NO		YES/NO	YES/NO
Is the client seeking assistance from any other agency or practitioner:		YES/NO	
List agencies/practitioner's name:	Phone No:		

<b>Suicide Risk</b>	Have you thought of taking your own life?	Do you have a plan?	Have you attempted suicide previously	Do you have the means?
HIGH / LOW	YES / NO	YES / NO	YES / NO	YES / NO

### Current Situation

<b>Losses:</b> (Please circle) Death of Wife, Husband, Mother, Father, Sibling, Baby, Infant, Child, Grandparent, Divorce Separation/Miscarriage/ Stillbirth Abortion/Infertility/ Illness/ Disability/Pet /Unemployment/ Financial/ Trauma/Other:	
Date of Death (if applicable): / /	Are there any legal issues:

<b>Details:</b>

Please turn over to record more information

<b>CONTACT PREFERENCE:</b>	<input type="checkbox"/> FACE TO FACE AT THE CENTRE	<input type="checkbox"/> TELEPHONE SUPPORT
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### Office Use Only

Registration received: / /	Registration taken by: TH/ KF / SC /GO Other _____	Registration Accepted: YES/NO (see notes)	Date contact made with Client: / /	Date Volunteer Contacted: / /	Database Updated:	NALAG ID:
Branch Assigned: DUB MUD GS MiIN					Name of Volunteer assigned:	

