NALAG
National Association for Loss and Grief (NSW) Inc

NALAG Phone: 02 6882 9222
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REFERRAL FORM

Database Registration Number:

Return this form to rego@nalag.org.au

Client Info

Title:		Family Name:		Given Names:	
**If referral is for a minor please provide Parent/Guardians name/s below:*					
Family Name:		Given Names:		Relationship to person referred:	
Date of birth:		Age:		Gender:	
Street Address:			Town/Suburb:		
State:			Postcode:		
Mobile Phone Number:			Home/work Phone Number:		
Email:			How did you hear about NALAG?		
Self Referral?	❑ YES ❑ NO		Aboriginal or TSI?	❑ YES ❑ NO	
Disabled?	❑ YES ❑ NO		CALD?	❑ YES ❑ NO	

Referring Agency Information

Is the client aware of the referral?	❑ YES ❑ NO		Referring Agency:		
Caseworker's Name:			Caseworker's Phone:		
Caseworker's Email:				Consent given from client to share information from NALAG to Referrer?	❑ YES ❑ NO

Mental Health

Mental Health Issue?	❑ YES ❑ NO	Condition:			
Diagnosed?	❑ YES ❑ NO		Medication?	❑ YES ❑ NO	
Is the client seeking assistance from any other agency or practitioner?	❑ YES ❑ NO	Agency/practitioner's name:			
Agency/practitioner phone number:		Agency/practitioner's email:			
Suicide Risk:	❑ HIGH ❑ LOW		Have you thought of taking your own life?	❑ YES ❑ NO	
Do you have a plan?	❑ YES ❑ NO		Do you have the means?	❑ YES ❑ NO	
Have you attempted suicide previously?	❑ YES ❑ NO		Safety Issues:		

Current Situation

Loss – Please specify (eg death of wife, loss of employment, death of pet) and provide any relevant information:

Please turn over if you need to record more information

Date of Death (if applicable):		Are there any legal issues?	
Contact Preference:	❑ FACE TO FACE AT THE CENTRE ❑ TELEPHONE SUPPORT ❑ ZOOM (ONLINE) SUPPORT		
Verbal consent:	❑ Yes | Date / /	Verbal consent obtained by (initials):	
Verbal consent:	Notes:		

Office Use Only

Referral received:		Referral taken by:	❑ BB ❑ TM IAR-DST: Other: (Level 1-5)		Referral Accepted? (see notes)	❑ YES ❑ NO	
Date contact made with Client:		Date Volunteer Contacted:		Docs sent to client?	❑ YES ❑ NO Date:	Docs sent to volunteer?	❑ YES ❑ NO Date:
Branch Assigned:	❑ DUB ❑ MUD ❑ GS ❑ HUNT			Name of Volunteer assigned:			

Current Situation

Loss details – continued:

Office Use Only

Contact:

Genogram:

Updated 20/3/24