

Date:	
Please note: UnitingCare requires a copy of any current domestic violence orders before we can commence intake. Please email to <a href="mailto:menchoosingchange@ucommunity.org.au">menchoosingchange@ucommunity.org.au</a>	
CLIENT	
<b>Surname:</b>	<b>First Name:</b>
<b>DOB:</b>	<b>Mobile:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Address:</b>	
Suburb:	Postcode:
<b>Ethnicity/Cultural Considerations:</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Straight Islander <input type="checkbox"/> Both <input type="checkbox"/> Not Applicable How do you identify your ethnicity or culture? .....
<b>Language Spoken:</b>	
<b>Order:</b>	<input type="checkbox"/> VIO <input type="checkbox"/> Yes <input type="checkbox"/> No <b>DVO</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Court Location:</b>	
<b>Any Safety issues for family?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes give details question 1.
<b>Preferred Group</b>	<input type="checkbox"/> Maroochydore <input type="checkbox"/> Caloundra <input type="checkbox"/> Gympie

REFERRER DETAILS	
<b>Referrer:</b>	Name: _____ Position: _____ Phone: _____ Email: _____ Address: _____ Suburb: _____ Postcode: _____

REFERRALS WILL NOT BE ACCEPTED WITHOUT CURRENT/PREVIOUS PARTNER DETAILS	
CURRENT PARTNER	
<b>Surname:</b>	<b>First Name:</b>
<b>DOB:</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Phone:</b>	<b>Email:</b>
<b>Address:</b>	
Suburb:	Postcode:
<b>Ethnicity/Cultural Considerations:</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Straight Islander <input type="checkbox"/> Both <input type="checkbox"/> Not Applicable How do you identify your ethnicity or culture? .....
<b>Language Spoken:</b>	
<b>Does the partner consent to engage with the Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	

PREVIOUS PARTNER			
<b>Surname:</b>		<b>First Name:</b>	
<b>DOB:</b>		<b>Gender:</b>	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Phone:</b>		<b>Email:</b>	
<b>Address:</b>			
	Suburb:		Postcode:
<b>Ethnicity/Cultural considerations:</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Straight Islander <input type="checkbox"/> Both <input type="checkbox"/> Not Applicable		
	How do you identify your ethnicity or culture? .....		
<b>Language Spoken:</b>			
<b>Relationship to Client :</b>			
<b>Does the partner consent to engage with the Service?</b> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			

CHILDREN			
Surname, First Name	Age	Detail of contact with Client	Relationship to Client

SERVICES INVOLVED			
(We will not be contacting these services unless verbal or written consent is provided)			
<b>Probation &amp; Parole</b>		<b>Child Safety Officer/ Senior Practitioner</b>	
Contact Name		Contact Name	
Phone		Phone	
<b>Team Leader</b>		<b>Walking With Dads Program Officer</b>	
Contact Person		Contact Person	
Phone		Phone	
<b>Name the Court</b>		<b>Other</b>	
Contact Name		Contact Name	
Phone		Phone	

**1. Can you please outline the purpose of your referral considering the presenting concerns for the client (Please highlight strengths, resilience factors, and any risk factors).**

**2. Other factors**

Does the client have a disability?  Yes  No

Details and/or specific needs: \_\_\_\_\_

Does the client use any of the following substances:













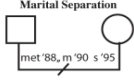
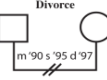
Tobacco  Alcohol  Illicit drugs: \_\_\_\_\_

Are there any mental illnesses/self-harm/suicide or other issues for the client?  Yes  No

If 'Yes' provide brief details: \_\_\_\_\_

Any Other comments \_\_\_\_\_

**Please assist with a genogram of the family**

<p>Male</p>  <p>Heterosexual</p>	<p>Female</p> 	<p>Birth Date</p> <p>'41-</p>  <p>written on left above of symbol</p>	<p>Age</p> <p>'82-</p>  <p>written inside symbol</p>	<p>Death</p> <p>1943-2002</p>  <p>an X through Symbol Age at death in box Death date on right above symbol</p>	<p>Family Secret</p> 	<p>Gay/Lesbian</p> 	<p>Bisexual</p> 	<p>Marriage</p> 	<p>Couple Relationship</p> 
						<p>Transgender People</p> <p>Man to woman</p> 	<p>Woman to man</p> 	<p>Marital Separation</p> 	<p>Divorce</p> 

**CONSENT TO COLLECT AND STORE INFORMATION**

**We kindly request professional referrers to obtain verbal or written consent to the following before referring to our service.**

The personal information, including sensitive and health information collected on this form by UnitingCare Community Men Choosing Change, is required for the purpose of providing safe and sustainable support services. Records containing personal information are kept securely and maintained in hard copy and electronic form. All records will be managed by UnitingCare Community in line with the *Information Privacy Act 2009* (Qld).

To access and seek correction of your personal information or to obtain a copy of UnitingCare Community's privacy policy, or to make a complaint go to [www.uccommunity.org.au](http://www.uccommunity.org.au), email [privacy@uccommunity.org.au](mailto:privacy@uccommunity.org.au), or phone 1800 008 993.

This information may also be disclosed to the State Government or another agency contracted to the Department of Social Services, for quality and monitoring purposes.

**I, ....., am aware of and understand the need for collecting and storing personal information for the purpose of service provision.**

Signature: ..... Date: .....

Or

**Has the client given verbal understanding and consent?**     Yes    Date.....     No

**I, ..... am aware of and understand that information shared with the Men Choosing Change Group Program will be shared with Child Safety**

Signature: ..... Date: .....

Or

**Has the client given verbal understanding and consent?**     Yes    Date.....     No

**MEN CHOOSING CHANGE**

UnitingCare Queensland

Level 1 43-45 Primary School Court Maroochydore, Q 4558

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