



MELALEUCA HOUSE

Trauma Recovery

OFFICE USE ONLY

Wait Listed:
Case Allocated ___/___/___
Counsellor:
I/A Appt date/time:
SASS ID No:

Melaleuca House Referral
E-mail to liz.w@sass.org.au or Fax to 6231 5370

Name of Client: _____ Date of Referral: ___/___/___

Is an Interpreter required?: _____

Date of Birth: ___/___/_____

Address: _____

Phone No's: (H) _____ (M) _____

Support person's Name: _____

Current Living/Family situation: _____

Name of Agency/Person Referring: _____

Reasons for Referral: _____

Referral taken at SASS by: _____

Priority Status: (1-5) _____

SASS Referrals to other services: _____

Date reported to CPAARS or Police: ___/___/_____