Australian Government
Department of Veterans' Affairs
Open Arms – Veterans & Families Counselling

OPEN ARMS Veterans & Families Counselling

Client Referral Form

The purpose of this form is so a third party, such as a General Practitioner, can assist a veteran or family member to access services with Open Arms. It can also be used by other third parties, for example an Ex-Service Organisation or Community Mental Health Service.

Once you have returned this form an Open Arms counsellor will contact the client by phone or email to progress their request.

Privacy notice – Open Arms will collect the client's personal information for the purpose of offering counselling services to the client. The information you provide in this form will allow us to make contact with the client and to discuss their needs. Open Arms may disclose the client's personal information without their consent in certain circumstances for example: we believe there is a serious threat of harm to the client or another person, or we are required to by law.

If you would like more information on how we manage personal information, please visit the DVA website at https://www.dva.gov.au/privacy-policy

Part A Client's Contact details

Note: If the person you want Open Arms to assist is a child who will need parental involvement and consent, please refer to the parent as the client on this form.

1. Client's name

Surname

Given name(s)

2. Client's date of birth

3. Client's gender

Man ☐ Woman ☐ Non-binary person ☐

Another gender description ☐ ▶ Please specify

4. Is the client Aboriginal and/or Torres Strait Islander?

No ☐ Yes ☐

5. Client's primary language

6. Client's address

Postcode

7. Client's email address

Has the client consented to contact by email? No ☐ Yes ☐

8. Client's contact phone number

Has the client consented to contact by phone?

No ☐ Yes ☐ ▶ Is the client expecting a phone call? No ☐ Yes ☐

Has the client consented to voicemail or SMS messages? No ☐ Yes ☐

Part B Emergency contact

9. Full name of the client's emergency contact

10. Relationship to client

11. Email address

12. Phone number

Part C Request for Open Arms Services

13. Open Arms services requested

- ☐ Individual counselling
- ☐ Couples counselling
- ☐ Family counselling
- ☐ Group – name of group
- ☐ Care coordination
- ☐ Peer support
- ☐ Other – please describe

Part D Personal information/Counselling needs

Note: This information is not required to action a referral. However, it may be helpful in understanding the client's needs.

14. Briefly describe the client's current issues (and if the client is a child, also provide their name)

15. Please list the client's accepted or diagnosed conditions and any relevant medications and/or treatments

16. Who is currently involved in the client's care?
(e.g. GP, rehabilitation provider, psychologist, psychiatrist, carer, family, other health professionals)

Part E Referrer

17. Full name of referrer

18. Position/profession

19. Email address

20. Phone number

21. Signature

- The client named in this form is aware that I am referring them to Open Arms and has consented to sharing this personal information with Open Arms.
- The client has consented to Open Arms contacting them in accordance with this form, to discuss services.
- The client has consented to Open Arms providing me with updates on the progress of this referral.

☐ By ticking this box I acknowledge that the above statements are true.

Date

Please contact us on 1800 011 046 if you have any further queries.

Save Print Clear

Save the completed form and return it attached to an email.

- General Practitioners can email to OPENARMS.GPLIAISON@dva.gov.au — General Practitioners Email
- Other referrers can email to OPENARMS.CLIENTASSIST@dva.gov.au — Other referrers Email