# Multicultural Support Services Referral Form

☐ I understand and agree to this referral, and consent to being contacted by LCHS Multicultural Services.  
☐ If completed by a service provider: I confirm that I have explained this referral to the client, and they have given their consent.

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| **Date of referral** |  |
| **Method of referral** | ☐ Self ☐ Internal ☐ External  Referring Organisation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Full Name:** |  |
| **Preferred Name** |  |
| **Date of Birth**  (dd/mm/yyyy): |  |
| **Gender:** | ☐ Male ☐ Female ☐ Nonbinary ☐ Prefer not to say |
| **Phone Number:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Country of Birth:** |  |
| **Nationality:** |  |
| **Visa Type & Subclass:** |  |
| **Refugee, Asylum seeker or Humanitarian Visa Holder?** | ☐ Yes ☐ No |
| **Date of Arrival in Australia:**  (dd/mm/yyyy) |  |
| **Main Language Spoken at Home:** |  |
| **English Literacy Level:** | ☐ None ☐ Low  ☐ Intermediate ☐ Advanced |
| **Interpreter required:** | Yes ☐ No ☐  Language: |
| **Medicare Status:** | ☐ Has Medicare  ☐ No Medicare  ☐ Unknown |
| **Do you have a disability, impairment, or long-term health condition that we should be aware of?** | ☐ Yes ☐ No ☐ Prefer not to say |
| **If yes, what supports or adjustments would help you to access our services?** |  |
| **Reason for Referral**  **(tick all boxes that apply)** | ☐ Finding a doctor, dentist, or mental health service ☐ Understanding or using government services (Medicare, MyGov) ☐ Booking appointments, filling in forms, or attending appointments ☐ Interpreter for English during appointments or phone calls ☐ Understanding health rights, privacy, consent, or the health system ☐ Aged care, disability support, or applying for the NDIS ☐ Accessing local community services ☐ Learning English or joining English classes ☐ Finding work, writing a resume, or job club support ☐ Learning to drive, road rules, or licensing ☐ understanding housing & tenancy rights ☐ Linking with Centrelink ☐ Connecting with social or cultural groups, making friends, activities, or events  ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Relevant Background or Concerns** (Optional) Please include any barriers the client is facing, other services involved, or relevant concerns: |  |

**How to Submit**

Once completed, please email completed form to [mhc@lchs.com.au](mailto:mhc@lchs.com.au) **OR** [sets@lchs.com.au](mailto:sets@lchs.com.au)