Empowered Art Therapy
Address | 22 Kookaburra St, Frankston VIC 3199
M | 0450 253 990 E | info@empoweredart.com.au
W | www.empoweredart.com.au
KINDRED ART SPACE
CREATECULTIVATECONNECT

# Referral Form

**Referral Date:** _____
**Referring Agency:**_____
**Referrers Name & Role:**_____
**Phone:** _____

**Email:** _____
**Participant Name:**
_____
**Participant DoB:** _____

## PARTICIPANT DETAILS

| | |
|---|---|
| **Full Name:** | |
| **Preferred Name:** | |
| **Address:** | **Mobile:** |
| | **Male / Female:** |
| **Is the person a DHHS client ?:** | |
| **Is the person receiving Centrelink payments ?:** | |
| **Health Care Card/CRN Number:** | |
| **Does the person identify as being Aboriginal or Torres Strait Islander descent?** | |
| **Is the person a Refugee?** | |
| **Primary language spoken:** | **Cultural background/Identity:** |
| | |

## FACTORS / ISSUES

| |
|---|
| **Family Issues:** |
| **Housing Issues:** |
| **Substance Abuse:** |
| **Suspected or Diagnosed Health/Mental Health issues:** |

## STRENGTHS / INTERESTS

| | |
|---|---|
| **Interest in Meditation:** | **Interest in Visual Arts:** |
| **Interest in Creative Writing:** | **Interest in Dance/Movement:** |
| **Other Strength / Interest / Likes:** | **Circles of Support:** |