



Health Promotion Referral Form

NINDILINGARRI CULTURAL HEALTH SERVICES

Person referring	
Individual being referred	
Community / House No.	
Phone No.	Alternate contact i.e. Email, phone:
Program Area: <i>Please only select one or two priority areas for your client.</i>	<input type="checkbox"/> Alcohol and Drug Education (Not for counselling) <input type="checkbox"/> Child Health <input type="checkbox"/> Environmental Health <input type="checkbox"/> First Aid and Skin <input type="checkbox"/> Healthy Lifestyles (Smoking Cessation) <input type="checkbox"/> Maternal Health (Pregnancy Health) <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sexual Health - Male <input type="checkbox"/> Sexual Health - Female <input type="checkbox"/> Spiritual Health (Music Therapy)
Reason for Referral:	<hr/> <hr/> <hr/> <hr/> <hr/>
<p>I _____ give permission for Nindilingarri Cultural Health Staff to contact me to discuss the above further.</p> <p>Signature _____</p> <p>Date: _____</p> <p>Preferred Day/Date you would like the NCHS service/visit: _____</p>	

Please use this form to obtain permission from and refer individuals to the Nindilingarri Cultural Health Services Health Promotion Team. The individual must give consent by signing the form in order for us to contact them.

Please place referral in an envelope and deliver to NCHS reception or email to: psmanager@nindilingarri.org.au