

Practitioner Referral and Information

Upon completion, please forward to: serenity.holisticwellness.wa@gmail.com



diagnoses)			
Substance Use (type / amount / freq	uency)		
Forensic Issues (historical or current)		
6) Risk			
History of self-harm?	Yes □	No □	
Current thoughts / plans / intent	Yes □	No □	
Details:			
Protective Factors:			
History of suicidality?	Yes □	No 🗆	
Current thoughts / plans / intent Details:	Yes 🗆		
History of Violence?	Yes 🗆	No 🗆	
Current thoughts / plans / intent	Уес П	№ П	



Details:	
History of risk from others? Yes D	□ No □
Details:	
Are there any other services involved to supp	ort the person? Yes 🗆 No 🗆
Details:	
Will these services maintain involvement with Wellness?	h the person if / when they engage Serenity Holistic Yes □ No □
Are there any interim arrangements in place referral?	to support this person pending outcomes of the
Please tick any health conditions that apply to	o the person you are referring:
☐ Allergic Reactions	o the person you are reterming.
☐ Asthma	
☐ Epilepsy/ Fits	
☐ Fainting / dizziness / blackouts	
☐ Disorder/ Disability	
□ Injury	
☐ Migraines	
☐ Blood or Heart Condition	
☐ Pregnancy	
☐ Other Please describe condition/s ticked:	
Is the person aware of to this referral?	Yes □ No □
Is the person agreeable to this referral?	Yes □ No □
Signature	Date

Serenity Holistic Wellness is not a crisis service, we do not provide crisis or acute care mental health services. We provide psychological interventions and therapy for people experiencing mild to moderate mental health problems. Hours of operation are Monday to Friday 9:00 to 18:00, Saturday 9:00 to 17:00, closed on Sundays.