P.O. Box 735, New Farm QLD 4005
T 07 3252 3488 F 07 3253 3688
admin@footprintscommunity.org.au
ABN 15 100 277 492

footprintscommunity.org.au

Referral: Footprints Community – Social Health Connect (SHC)

SHC eligibility criteria (will have to meet all the below, please tick):	
☐	Aged 18 years or older
☐	Experiencing unmet social needs negatively impacting their health and wellbeing
☐	Residing in the Caboolture, Redcliffe or Kilcoy region

Consent		
Is the client aware of this referral?	Yes ☐	No ☐
Does the client consent to the referral?	Yes ☐	No ☐

Client information	
Date:	
Given Name:	**Family Name:**
Date of Birth:	**Gender:**
Pronouns (if applicable):	**Country of Birth:**
Residency: ☐Australian Citizen ☐Permanent Resident ☐Visa/ Other:	
Culturally and Linguistically Diverse: ☐Yes ☐ Cultural Background:	**Interpreter Needed:** ☐Yes ☐No
Languages spoken at home:	

Aboriginal or Torres Strait Islander?

☐ Aboriginal	☐ Aboriginal and Torres Strait Islander
☐ Torres Strait Islander	☐ Australian South Sea Islander
☐ None of Above	☐Not Stated

Contact Details:	
Mobile:	**Landline:**
Email:	**Preferred Method of Contact:**
Comments regarding contact:	
Client street Address:	
Suburb:	**Postcode:**

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Safety issues: ☐	**Comments:**

Emergency Contact		
Name:	**Relationship:**	**Phone/Email:**

Reasons for Referral:
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Other health practitioners/ key persons involved in care:	
NDIS: Yes ☐ No ☐	**My Aged Care:** Yes ☐ No ☐

Psychosocial Risk Factors/Barriers to social engagement (social, physical, environmental):

Referrer Details:	
Organisation:	**GP Practice:**
Type of Service:	
Name:	**Role:**
Phone:	**Email:**
Relationship to client:	

To send a referral or contact our team:
Email: shc@footprintscommunity.org.au **Phone:** 07 32523488 **Fax:** 07 3252 3688 **Medical Objects:** SF4006000X1