

# Keeping Kids In Mind

## EXTERNAL REFERRAL TO KKIM REQUEST & CONSENT FORM

### REFERRING PROFESSIONAL (You, the Professional/Agency making a Referral to Keeping Kids in Mind)

REFERRAL DATE	YOUR AGENCY/BUSINESS		SITE/SUBURB
Your NAME	PHONE	FAX	
EMAIL	ADDRESS		
OTHER NOTES:			

### THE KIDS IN MIND (The children of your client/customer/patient and/or the children in his/her care)

NAME	Male/ Female	DATE OF BIRTH	RELATIONSHIP TO CLIENT	RELATIONSHIP TO SEPARATED PARTNER	LIVING WITH

### MY CLIENT'S DETAILS (Your client/customer/patient)

SURNAME	FIRST NAME
DATE OF BIRTH	AGE
BEST CONTACT NUMBER	2 <sup>ND</sup> CONTACT NUMBER
ADDRESS	

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## MY CLIENT'S CONSENT TO SHARE INFORMATION (Your client's consent to send this form)

I \_\_\_\_\_ give consent to the above mentioned professional to forward this External Referral Request form with to The Keeping Kids in Mind Program

\_\_\_\_\_  
Signed

## REFERRAL REASONS

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## HOW TO SEND THIS FORM

1. Print off this form. Sorry, we cannot receive electronic documents.
2. Complete this form with your client/customer/patient.
3. Fax this form to **02 99330299** (no header required) or scan and email to [referrals@keepingkidsinmind.org](mailto:referrals@keepingkidsinmind.org)