

# Agency Referral Form

**Thank you for your interest in using the services provided by First Steps Pregnancy Support.**

**We aim to make contact with both the referring organisation and the client within 48 hours.**

*Please Note: Whilst our service provides support until baby turns one, antenatal referrals will be prioritised where required. FSPS is unable to provide accommodation to women, but can support women to secure accommodation through other pathways.*

## Section 1: Referral and Consent

### REFERRAL AGENCY DETAILS:

Referring Agency:

Contact Person:

Phone:

Email:

Enquiry Date:

### CONSENT TO COLLECT INFORMATION:

See the First Steps Privacy Policy at [www.fsps.org.au](http://www.fsps.org.au)

All information on this form will be treated in accordance with the First Steps Privacy Policy. First Steps collects information to support pregnant individuals to access personalised pathways of care. This information is stored securely and no one outside of First Steps has access to identified information without the person's consent. With a person's consent, First Steps will give information to other organisations to connect them to services. Information may also be shared with external agencies if required under law, or to prevent a serious threat to anyone's safety.

<i>Does the person agree to provide information on this basis?</i>	Yes	No
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<i>Does the person agree for First Steps and the referring agency exchanging information?</i>	Yes	No
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<i>Does the person agree for First Steps to provide information to other agencies to facilitate support?</i>	Yes	No
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<i>Are there any persons or agencies that the person does not want First Steps to exchange information with?</i>	Yes	No
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*List persons or agencies not to be contacted:*

## Section 2: Personal and Household Details

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### PERSONAL DETAILS:

Name:

Date of Birth:

Gender:

Address:

Contact Phone: Is it okay to leave a message? Yes No

Contact Email:

Preferred Contact Method:

Work/Study Status:

Pregnancy EDD:

Is the mother considering not continuing with the pregnancy? Yes No

Aboriginal Torres Strait Islander Neither

Country of Birth:

Year of Arrival:

Language Spoken at Home:

Interpreter Required: Yes No

### HOUSEHOLD DETAILS:

Please list all people living with contact. This includes family members, significant others and carers. Include first name, surname and DOB for children.

## Section 3: Presenting Issues, Current Support and Services Sought

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### PRESENTING ISSUES AND NEEDS:

Where relevant include financial, housing, family relationship/DV, legal, health, mental health, disability (inc NDIS), statutory child protection, gambling, ATOD details.

### CURRENT SUPPORTS (FORMAL AND INFORMAL):

Please list names and contact details, if applicable.

### SUPPORT AND ASSISTANCE BEING SOUGHT THROUGH FIRST STEPS PREGNANCY SUPPORT: