

Adult referral form

Please email completed hard copy to referrals@sass.org.au or complete the online form available from www.sass.org.au/make-a-referral

This form is to be used for referrals to SASS' **Adult Counselling program and Redress Support Service**.

Other referral forms are available from www.sass.org.au/make-a-referral;

- General Children and Families Counselling Service
- Prevention, Assessment, Support and Treatment of harmful sexual behaviours program
- Forensic Therapeutic program

REFERRER DETAILS

DATE OF REFERRAL

Person/agency:

Phone: Email:

Relationship to client:

Has the client consented to this referral being made? Yes ☐ No ☐ Unknown ☐

Has the client accessed SASS previously? Yes ☐ No ☐ Unknown ☐

Is the client a participant of the National Redress Scheme: Yes ☐ No ☐ Unknown ☐

If yes, is this: **Current** ☐ **Historic** ☐

How did you hear about SASS? Medical Practitioner/Health Service ☐ Advice and Referral Line ☐
Police/Legal/Justice ☐ Interstate service ☐ Internet search ☐ Psychologist/Counsellor ☐
Redress Scheme/knowmore ☐ Education/School ☐ Child Safety Service ☐ NGO service ☐
NDIS/Disability Service ☐ Other

CLIENT DETAILS

DOB

Full name:

Gender identity: Male ☐ Female ☐ Transgender ☐ Non-binary ☐ Prefer not to say ☐

Preferred ☐ she/her

pronouns: ☐ he/him

☐ they/them

☐ prefer not to say

☐ other, please specify:

Cultural ☐ Aboriginal

identity: ☐ Torres Strait Islander

☐ neither

☐ prefer not to say

☐ other, please specify:

Is the client culturally and linguistically diverse? **No** ☐ **Yes** ☐
If yes, please specify:

Does the client have a disability or any additional needs?

☐ **Yes**

☐ **If yes, please specify:**

☐ **No**

☐ **Prefer not to say**

☐ **Not known**

Does the client have any other diagnosed presentations? If yes, please specify:

Have any of the following taken place:

☐ Police Involvement ☐ Forensic Medical Examination

☐ Other, please specify:

Has the client experienced or witnessed Family Violence?

Yes ☐ **No** ☐ **Unknown** ☐

CONTACT DETAILS

Phone:

Email:

Is this a safe number to receive calls, texts and voice messages?

Yes ☐ **No** ☐ **Unknown** ☐

Does anyone else have access to this email account that may compromise the client's privacy?

Yes ☐ **No** ☐ **Unknown** ☐

Preferred form of contact: **Phone** ☐ **Email** ☐

Residential address:

Street address

Street address 2

Is it safe to send hard copy mail to this address?

Town/Suburb

State

Postcode

Yes ☐ **No** ☐ **Unknown** ☐

Postal address: ☐ **Same as residential address**

Street address

Street address 2

Is it safe to send hard copy mail to this address?

Town/Suburb

State

Postcode

Yes ☐ **No** ☐ **Unknown** ☐

Who else resides with the client?

SUPPORT PERSON/CARER CONTACT

If the client has a significant support person or carer, please provide their details below.

Name:

Relationship to client:

Phone:

Email:

Is the primary contact aware of all information on this referral form? Yes ☐ No ☐ Unknown ☐

Will this person be organising the appointments at SASS? Yes ☐ No ☐ Unknown ☐

REFERRAL DETAILS

What are the client's key difficulties at present?

I.e., mental health; self-harm; drug & alcohol; homelessness; depression; hallucinations; flashbacks; self-regulation; delusions; etc. Please include frequency, duration and severity of symptoms/behaviours.

Please provide details of the sexual assault history if possible:

Did the abuse include any technology-facilitated abuse?
If yes, did it involve:

☐ Coercive control

☐ Image based

☐ Online

☐ Online and image based

☐ Stalking/monitoring

☐ Other, please describe:

Are there any safety issues for the client?

I.e. threat of further sexual assault/abuse, etc

What is the client's support network (both social and professional)?

What are the client's strengths/ current coping strategies?

Is this a first disclosure? Yes ☐ No ☐ Unknown ☐

ACCESSING SASS

Are there any new or additional factors that have led to the client to make contact today?

Does the client need support to access SASS?

E.g. disability, interpreter, support person, medical, cultural, anxiety/mental health, etc.

Are there any indications for safety issues for SASS workers with the client?

E.g. anger issues, psychosis, client views worker as threat etc.

What are the best times/days for SASS appointments?

Does the client prefer a counsellor of a particular gender?

Female ☐ Male ☐ Either ☐ Unknown ☐

INTERNAL USE

Referral taken by (SASS representative):

What is identified as the primary need for support?

- ☐ Brief intervention
- ☐ Comprehensive counselling service
- ☐ Group / Wellbeing Program

Please email completed hard copy to referrals@sass.org.au

Sexual Assault Support Service

114 Bathurst St, Hobart, 7000

Phone: (03) 6231 0044

24/7 MY SUPPORT: 1800 697 877

