Referral Form

Please email this form to: intakes@safeandwellcq.org.au

Person making the referral

Name:	Position:
Organisation:	Ph:
Email:	Mob:
preferred contact method: ☐ phone ☐ email ☐ no follow-up	

Client details

Name:	☐ male ☐ female ☐ non-binary ☐ other
Dob:	Email:
Ph:	Mob:
Address:	
Postal address:	
Is it safe to leave a message? ☐ Yes ☐ No	

Does the client have dependent/s? ☐ yes ☐ no

If so, what are their names and genders: ……

Previous counselling details

Has the client previously accessed our services? ☐ yes ☐ no

If so, which support service:

☐ domestic violence – crisis support ☐ domestic violence - counselling

☐ general wellbeing - counselling ☐ youth domestic violence - counselling

☐ youth sexual violence - counselling ☐ court support

☐ men's behaviour change program

When was the client's most recent visit? ……

Domestic and family violence

Is there and current or historical domestic and family violence? ☐ yes ☐ no

If so, please describe briefly

.....

.....

Name of perpetrator (if known) ……

Safety/risk assessment

Do you have any immediate concerns for the safety of your client or his/her children? ☐ yes ☐ no
(eg. Adult survivor of child sexual assault, child victim of sexual assault or adult sexual assault survivor)

If so, please describe briefly

.....

.....

Self harm

Is there any history of self-harm? ☐ yes ☐ no
(eg cutting, eating disorders, intentional overdose, suicide attempts)

If so, please describe briefly

.....

.....

Substance abuse

Does the client have any history of drug or alcohol abuse? ☐ yes ☐ no

If so, please describe briefly

.....

.....

Support services

Is the client currently engaged with any other support services? ☐ yes ☐ no

If so, please describe briefly

.....

Reason for referral and any other areas of concern?
(Australian Privacy Principal #5: Notification of the collection of personal information)

☐ I have notified the client regarding the nature of the information disclosed on this form and the client is fully aware of this referral.

Signature …… Date: ……