**Client ID:**

**ADULT REFERRAL FORM – External**

Email to: [referral@laurelplace.com.au](mailto:referral@laurelplace.com.au)

**Date of Referral:**

**CLIENT DETAILS:**

|  |  |
| --- | --- |
| **Name of Client:** | **DOB:** |
| **Preferred Name:** | |
| **Address:** | |
| **Home:** | **Mobile:** |
| **Email:** | **Consent to email: YES**  **NO** |
| **Gender: Female**  **Male**  **Non-Binary**  **Different Term**        **Prefer not to state** | |
| **Does client identify as a First Nations Person?** **YES**  **NO** | |
| **Indigenous Status:** Aboriginal  Torres Strait Islander  Not stated | |
| **Does Client identify as Culturally and Linguistically Diverse?** YES  NO | |
| **Identified cultural background:** | |
| **Interpreter required: NO**  **YES** **Language:**  **Does the client experience a disability?** NO YES | |

**CONSENT**

**Is the client aware a referral has been made to Laurel Place? YES**  **NO**

**Has the client consented to be contacted by Laurel Place? YES**  **NO**

**Safe to leave voicemail messages: YES**  **NO**  **Safe to SMS: YES**  **NO**

**AUTHORISED CONTACTS AND INFORMATION SHARING:**

Please provide details of any other people or services the client would like us to communicate with about their engagement with our service. This may include a carer, partner, non-custodial parent, legal guardian, or other support services they are currently working with.

For children, if there are *Family Law Orders* or other legal arrangements in place, please let us know and *provide us with a copy*, as we are required to sight these before sharing information or engaging with non-custodial parents.

This information helps us ensure we are supporting clients safely, respectfully, and in line with their wishes and any legal requirements.

|  |  |
| --- | --- |
| AUTHORISED PERSON/S: | |
| Name: |  |
| Relationship to client: |  |
| Contact number: |  |
| Name: |  |
| Relationship to client: |  |
| Contact number: |  |

**REFERRAL SOURCE:**

**Referring Agency & Contact Person:**

|  |  |
| --- | --- |
| **Phone No:** | **Email:** |

**\*Reason for Referral:**

**RECENCY OF ASSAULT:**

within 7 days, within 3 months,  > 3months,  historical (> 12 months),  childhood

**Recency of disclosure:**

**Other recent trauma event/stressor:**

**CURRENT SAFETY/RISK FACTORS IDENTIFIED (If yes, please provide further information):**

*\*\*Please note – Laurel Place is not a crisis service. If immediate risk is identified, please refer to emergency or acute services\*\**

Suicidal Ideation:

**NO**  **YES**   - If yes, please provide:

* **Duration and frequency of SI**: Click or tap here to enter text.
* **Plan/intent (if know):** Click or tap here to enter text.
* **Additional information (recent suicide attempts/MH services or support)**: Click or tap here to enter text.
* **Safety Plan:** Click or tap here to enter text.

Self-Harm:

**NO**  **YES**  - If yes, please provide:

* **Nature of SH**: Click or tap here to enter text.
* **Duration and frequency of SH**: Click or tap here to enter text.
* **Additional Information**: Click or tap here to enter text.

Harm to others:

**NO**  **YES**  - If yes, please provide:

* **Further information**: Click or tap here to enter text.

Child Safety Engagement:

**NO**  **YES**  - If yes, please provide:

* **Length and nature of involvement**: Click or tap here to enter text.
* **Name of Child Safety Officer (if known)**: Click or tap here to enter text.
* **Additional information**: Click or tap here to enter text.

Any Family Law Court Orders:  
 **NO**  **YES**  - If yes, please specify: Click or tap here to enter text.

* If yes, *please provide a copy of any Family Law Court Orders.*
* **Primary Parental Responsibility is held by**: Click or tap here to enter text.

Domestic and Family Violence:

**NO**  **YES**  - If yes, please provide:

* **Details of DFV and any risk**: Click or tap here to enter text.
* **Are there any Domestic Violence Orders (DVO) or Protection Orders in place?  
   NO**  **YES**  - If yes, please specify: Click or tap here to enter text.
* **Current safety concerns, safety planning or protective measures in place**: Click or tap here to enter text.
* **Are supports currently in place for risk management (e.g. crisis DFV service)?  
   NO**  **YES**  - If yes, please specify: Click or tap here to enter text.

Substance Use:

**NO**  **YES**  - If yes, please provide:

* **Type(s) of substances used**: Click or tap here to enter text.
* **Frequency and duration of use**: Click or tap here to enter text.
* **Are supports/services currently in place (e.g. AOD services)?**  
   **NO**  **YES**  - If yes, please specify: Click or tap here to enter text.

Eating Issues/Disorder:

**NO**  **YES**  - If yes, please provide:

* **Nature of concerns/disorder type**: Click or tap here to enter text.
* **Is the client medically safe/cleared by GP to engage in trauma work?**  
   **YES**  **NO**  - If no or unsure, please elaborate: Click or tap here to enter text.

Contact with Perpetrator

**NO**   **YES**  - If yes, please provide:

* **Nature of/reason for contact**: Click or tap here to enter text.

Has the assault been reported to police?

**NO**  - If no, is this something client would like support with? **Yes**  **No**  **Unsure**

**YES**  - If yes, please provide:

* **Details of QPS Station or Officer (if known/current)?** Click or tap here to enter text.
* **Outcome/Status of investigation (if known)**: Click or tap here to enter text.

*\*\*If ‘YES’ was ticked to any of the above risk/safety questions, our First Response Counsellors may be in touch with you for further information or to ask if services for mental health, DFV, substance use, or eating issues, are also in place alongside support from Laurel Place to ensure the safety of our clients\*\**

**CURRENT SUPPORTS/SERVICES:**

Click or tap here to enter text.

**OTHER RELEVANT INFORMATION**:

Click or tap here to enter text.