

MURGON

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Laurel Place Inc.

**Client ID:**

**ADULT REFERRAL FORM – External**

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

**Date of Referral:**

**CLIENT DETAILS:**

**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**

|  |  |
| --- | --- |
| **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 | |

**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

Not stated

**Recency of disclosure:**

**Other recent trauma event/stressor:**

**CURRENT SAFETY/RISK FACTORS IDENTIFIED**

Suicidal ideation No  Yes

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

Self-harm No  Yes

Harm to others No  Yes

Child safety No  Yes

Domestic Violence No  Yes

Substance Use No  Yes

Contact with perpetrator No  Yes

Has the assault been reported to police? No  Yes

**CURRENT SUPPORTS**

**OTHER RELEVANT INFORMATION**