

MURGON

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Laurel Place Inc.

**Client ID:**

**ADULT REFERRAL FORM – External**

Email to: 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**