



- Please complete this referral form and email any supporting documents to **loganlocallink@centreforwomen.org.au**
- Referrals can also be completed by calling **0482 811 980** or **0460 626 502**
- Medical Objects ID for Centre for Women Logan DFV Local Link: **CT4114000YV**

Please note that there may be some safety barriers that exist when contacting clients e.g. perpetrator residing in the same household. Please check with the client prior to referring to assist with safe engagement. Thank you.

Is this referral for the victim/survivor or perpetrator?

CLIENT DETAILS

Date of referral

Full name

Date of birth

Age

Gender

Address

Does the perpetrator live in the home?

Suburb

Phone numbers

Is it safe to call?

YES

NO

Unsure

Text?

YES

NO

Unsure

Leave voicemail?

YES

NO

Unsure

Email address

Does the client identify as

Aboriginal

Torres Strait Islander

Both

Neither

Cultural heritage

Interpreter required?

YES

NO

If yes please provide preferred language

REFERRING DETAILS

GP Name

Phone Number

Email

Service

Would you like to be notified of the outcome of referral?

YES

NO

Will you be staying engaged with this client post referral?

YES

NO

Has the client provided to consent to share information?

YES

NO

NATURE OF VIOLENCE

Physical
Emotional
Sexual
Verbal
Financial Control
Damage to property
Stalking
Use of weapons
Threats to kill
Threats to suicide/self harm

If there has been physical or sexual violence, has the violence involved?

Choking/strangulation
Stabbing
Head banging/head injury
Physical restraint
Abuse or harms to pet

Is the client safe right now? YES NO

Further details (Details of any children/dependents):