



LOCAL LINK REFERRAL FORM BRISBANE SOUTH

MICAH PROJECTS



Breaking Social Isolation
Building Community

Please complete this referral form and email it and any supporting documents to
PHNLocalLink@MicahProjects.org.au

Referrals can also be completed by calling (07) 3013 6035.
Medical Objects ID for Micah Projects Local Link: DB41010005B

What is the nature of the violence? Tick all that apply.

Domestic Violence

Sexual Violence

Child Sexual Abuse

CLIENT DETAILS

Date

Full name

DOB

Gender

Please note, if a client is under 18 years old, please complete additional information on page 2.

Address

Phone

Note: Please check with client about safest way to engage with them if there are concerns of stalking, monitoring or escalation of violence if services are engaged.

Is it safe to call?	Yes	No	Unsure
Is it safe to text?	Yes	No	Unsure
Is it safe to leave a voicemail?	Yes	No	Unsure

Email

Does the client identify as: Aboriginal Torres Strait Islander Both

Cultural heritage Is an interpreter needed? Yes No

Are there any important aspects of your patient's identity or orientation that we should know about to better support them?

Does your patient have any access or support needs?

REFERRER DETAILS

Your name

Practice

Would you like to be notified about the outcome of this referral? Yes No

Has your client provided consent for this referral? Yes No

Will you be staying engaged with the client post-referral? Yes No

Is there ongoing medical treatment or health concerns that impact the vulnerability of this client? If yes, please provide details below. Yes No

NATURE OF VIOLENCE

Physical Emotional Sexual Verbal Financial Control Damage to Property
Stalking Use of Weapons Threats to Kill Threats of Suicide/Self-Harm

If there has been physical or sexual abuse, has it involved any of the following high risk factors?

Choking/Strangulation Stabbing Head Banging/Head Injury Physical Restraint
Abuse or Harm to Pets

Is the client currently safe? Yes No Unsure

Has the violence been reported to police? Yes No Unsure

Perpetrator relationship to client:

Is there current contact between the parties? Yes No Unsure

Does the perpetrator live with the client? Yes No Unsure

FURTHER DETAILS AND RISKS

PLEASE COMPLETE IF CLIENT IS 17 YEARS OLD OR YOUNGER

Safe parent/guardian name DOB Gender

Relationship to client Phone

Email

MANDATORY REPORTING

Under Queensland Government legislation, it is an offence for any adult to believe a child has been or is being sexually abused and not report this to the police or Child Safety.

Have you reported this to police? Yes No N/A - already

Have you reported to Child Safety? Yes No N/A - already

Is there ongoing or historic Child Safety involvement? Yes No Unsure

Are there any other services involved for the client? Yes No Unsure

Further details and risks: