



# LOCAL LINK REFERRAL FORM

LOGAN AND THE REDLANDS

Please complete this referral form and email it and any supporting documents to [redlandslocallink@centreforwomen.org.au](mailto:redlandslocallink@centreforwomen.org.au) or [loganlocallink@centreforwomen.org.au](mailto:loganlocallink@centreforwomen.org.au).

Referrals can also be completed by calling 0482 811 980 or 0460 626 502, or faxing 07 3144 5602.

Medical Objects ID for The Centre for Women & Co. Local Link: CT4114000YV.

## 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: