Referral Form

CONSENT: The person named below has provided this worker with verbal/signed consent to disclose information and refer them for services at STTARS.

Client consent for Referral? Yes ☐ No ☐ Guardian (if under 18) Yes ☐ No ☐

Date of Referral (dd / mm / yyyy) _____

Parent or Guardian Name: _____ **Contact Number:** _____

CLIENT DETAILS

Given Name_____ **Family Name**_____

Date of Birth (dd / mm / yyyy) _____ Date of birth is an estimate ☐

Gender Male ☐ Female ☐ Other ☐ Identifies as LGBTIQA+ (optional) ☐

Street Address _____

Suburb_____ **State**_____ **Postcode**_____

Mobile _____ Email _____

Country of Birth _____ Ethnicity_____

Date of Arrival (dd / mm / yyyy) _____ Date of arrival is an estimate ☐

Residency Status Australian Citizen ☐ Permanent Resident ☐ TPV/SHEV ☐

Other Temporary Visa ☐ (please specify) _____

Preferred Language _____

Interpreter Required? Y / N **Preferred Interpreter Gender** M / F

Does Client Have a Disability? Yes ☐ No ☐ Detail_____

REFERRER

Worker name: _____ **Contact number:** _____

Organisation: _____ **Type of organisation:** _____

Do you want to be informed of the outcome of referral Y /N email: _____

Living Arrangements Lives Alone ☐ Lives with family ☐ Lives with others ☐

Are there any other current supports? (Family members, psychologist, GP, case manager, NDIS, school etc)

Name	Role	Organisation	Contact #	Consent to contact

If referrer is a GP is there a mental health care plan or psychiatrist letter for this referral? ☐ Yes

sttars
supporting survivors of torture & trauma

Referral Form

Is there a specific STTARS program that you are referring to

☐ Counselling ☐ Therapeutic Groups ☐ Social connection ☐ ARANAP (nursing)

☐ Refugee Mental Health Clinic ☐ CALD Mental Health Program ☐ Family Support (North)

☐ *Internal STTARS referral – Program* _____

Reasons for Referral

If you are not sure which program to connect with, the following information will help us to direct you to the right program. Do you have concerns about:

☐ Experiences of torture or refugee related trauma disclosed

☐ Changes in appetite or weight _____

☐ Ability to participate in usual daily activities _____

☐ Ability to take care of self and others _____

☐ Social isolation/ feeling lonely _____

☐ Difficulties with memory/concentration _____

☐ Sleep difficulties _____

☐ Mood or Affect _____

☐ Repeated expressions of hopelessness _____

☐ Intrusive memories or images which are distressing _____

☐ Strong emotional response to daily stressors _____

☐ Pain lasting more than 3 months _____

☐ Unmanaged physical health concerns _____

☐ Expressed threats to harm self or others _____

☐ Alcohol and substance use _____

☐ Other _____