Family and Domestic Violence Services: Referral Form

1. Referrer Details

Name:	
Organisation/Service Area:	
Contact details (phone and email):	
Date of referral:	

2. Client Details

Name:	**DOB:**
Address:	**Gender:**
Country of birth:	**Ethnicity:**
Visa status:	**Date of arrival:**
Refugee: Yes ☐ No ☐	**Preferred language:**
Disability:	**Interpreter required:**
Children: Yes ☐ No ☐ Names and DOB's:	

	Safe	Preferred	Between the hours/days of:
Mobile phone:	☐	☐	
Home phone:	☐	☐	
Email address:	☐	☐	
Can we say we are from WHFS when calling? Yes ☐ No ☐			

Current Family Court proceedings: Yes ☐ No ☐ Details:	**Open CPFS case: Yes ☐ No ☐** Details:
Are there other services currently involved: Yes ☐ No ☐ Details:	
Will you be continuing engagement with this client: Yes ☐ No ☐ Details:	

3. Alleged Perpetrator Details

Name:	DOB:
Address:	Nature of relationship:
Length of relationship:	Current VRO or other orders in place: Yes ☐ No ☐

Please provide details re: the client's experience of Family & Domestic Violence below

Prompt for service providers: "We are going to ask some questions that may feel uncomfortable to you; you are able to choose whether you would like to answer or not. Give as much information as you wish."

Type of FDV & examples		Details:
Physical abuse Any form of physical assault including choking/restraining/ use of weapon/hurting children or pets/sleep & food deprivation	☐	
Emotional Abuse Put downs/name calling/ criticising/blaming/yelling & swearing/ threats of harm or suicide/guilt tripping	☐	
Psychological Abuse Gaslighting/ being told they are crazy or have mental health concerns/told they are imagining or over exaggerating abuse/partner victim-playing	☐	
Financial Abuse No access to joint finances/prevented from working/pay or benefits taken from them/loans or debt accrued by partner in their name	☐	
Sexual Abuse Any sexual activity without explicit consent/pressuring or coercing/not using protection when asked/unwanted exposure to pornography	☐	
Controlling Behaviour Stalking/keeping tabs on whereabouts/isolated from seeing family & friends/controls clothing /goes through phone & social media to check messages	☐	
Visa Abuse Hiding passport or visa docs/ making false claims about visa status/being brought to Australia based on incorrect visa info/trafficking	☐	
Digital / Technology Abuse Sending abusive texts or messages/continuous phone calls or texts/spying, monitoring or stalking via tech/prevented from having a phone	☐	

Client is planning to leave or recently separated?	☐	
Client is Pregnant?	☐	

Clients main concern/Reason for referral:

Consent from the person being referred is required to make this referral

☐ I understand and give consent to this referral.

☐ I give permission for Women's Health & Family Services (WHFS) to obtain and release information to the person/agency referring.

☐ I give permission to WHFS to store information obtained during the referral process.

Name:______________________________________ Date: ______________________________________

Signed: _____________________________________ Interpreter (if required): ______________________

OR Verbal Consent given to the above Yes ☐ **No** ☐

Name and signature of referrer required for verbal consent

Name:______________________________________

Signature: ____________________________________ Date: _____________________________________

Please send referrals to dvas@whfs.org.au or mwas@whfs.org.au

Enquiries to **(08) 9328 1200 (9.00am-12pm /12:30pm – 4pm)**