



Family Violence Counselling Referral Form

This form and accompanying documentation including FV Risk Assessment(s) and Safety Plan(s) are to be emailed to MetroServiceCoordination@lchs.com.au. The referral will be reviewed and the referrer notified via return email if it has been accepted, waitlisted or denied. If accepted or waitlisted a program will be created.

Referrer Details

Date of referral:
Name:
Position and Organisation:
Phone:
Email Address:
Please indicate whether you would like feedback regarding the outcome of this referral (<i>i.e if client placed on waitlist, allocated clinician, etc.</i>): Yes No

Client Details

Title:	Surname:	First Name:
DOB:	Marital Status:	Primary Carer and relationship to client (if client is under 18):
Address:		Postcode:
Postal Address: (if different to above)		Postcode:
If client is under 18, does the primary carer have authority to make medical and legal decisions on the child's behalf? Yes No		
Phone Number of client or primary carer/parent (please ensure the contact number provided here is consistent with contact details recorded in attached documentation):		Emergency Contact Name & Phone Number:
Country of Birth:		Indigenous Status:
CALD: Yes No	Language spoken at home:	Interpreter Required: Yes No
Pension Type:		Dept. of Vet Affairs Card: Yes No
Living Arrangement:		Accommodation Setting:
Employment Participation:		

Summary and Referral

Presenting issues including significant history, primary health issues, summary and referral information (please provide as much detail as client consents to):	
Current services client is engaged with:	
The following questions/requirements are based on MARAM best practice.	
<p>a) Is the client currently residing with the perpetrator? Yes No</p> <p>b) Is the contact phone number provided on this form safe for LINK to call client? Yes No</p> <p>Please advise special contact instructions (i.e when is it safe to call?):</p> <p>If referrer has answered No to question b, please advise what Risk Management strategies have been put in place to ensure LINK is able to safely contact the client:</p>	<p>Are there dependent children residing with client? Yes No</p> <p>If Yes please include an assessment of the child's risk and details of their exposure should be recorded in the appropriate sections of their mother's FV Assessment (MARAM/SHIP/TRAM).</p>
Has the client consented to this referral? Yes No Please note that this referral cannot be accepted without the client's consent.	
Has the client been referred to or is receiving assistance from Victims of Crime? Yes No	
<p>MARAM best practice calls for collaborative practice between agencies to ensure the client is not re-traumatised by having to re-tell their story. Please attach the following assessments/documentation:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> MARAM/SHIP/TRAM FV Risk Assessment Safety Plan </div> <p style="color: red; margin-top: 10px;">Please note that if the FV Risk Assessment(s) and safety plan(s) are not attached with this referral it will not be accepted to service.</p> <p style="color: red; margin-top: 10px;">Completed FV Risk Assessment(s) must be dated within the last 3 months.</p>	

Thank you for the referral.