

## CHILD, ADOLESCENT TRAUMA COUNSELLING REFERRAL FORM

<b>Referral Date:</b>	
<b>Person Making Referral</b>	
Name:	
Position:	
Organisation:	
Contact Number:	
<b>Referral is for (eg counselling, group, Protective Behaviours education)</b>	
<b>Parent/Carer Name:</b>	<b>Is aware of/agrees to referral?</b> <input type="checkbox"/>
	<b>Is willing to be contacted directly?</b> <input type="checkbox"/>

<b>Child's or Adolescent's Details</b>	
Name:	
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	
Parent/carer contact person:	
Home phone:	
Mobile phone:	
Any previous counselling:	
Any diagnosis?	Carer:

Child:		Other:	
Any disability? Child:		Carer:	
Child's school:	Class:	Teacher:	
Siblings + DOB/Age:			
Other family members:			
Relevant others:			
<b>Current Issues/Background</b>			
Out of Home Care:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Sexual abuse:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Physical abuse:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Exposure to domestic/family violence:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Neglect:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Self harm:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Suicidal thoughts/behaviours:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Mental health issues:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Learning difficulty:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Referred to JIRT:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

JIRT interview completed: \_\_\_/\_\_\_/\_\_\_

**Is the child or young person currently involved with any other support services?**

Please describe:

**Background/Reason for referral**

**Any other areas of concern**

**Australian Privacy Principle # 5: Notification of the collection of personal information**

- I have notified the client regarding the nature of the information disclosed on this form and the client is fully aware of this referral.

**Signature of referrer:** .....

**Date:** .... / .... / .....