

# Referral Form – Residents



Questions about completing this form? telephone (03) 9388 0022

Please complete this form on screen, print it out and either:

- fax it to (03) 9277 7871  
OR
- post it to 4 Gardiner St, Brunswick VIC 3056

Please note:

- You MUST have the consent of the person you are referring before sending this form to Foundation House.
- Please complete as much information on this form as you can.
- A Foundation House worker will contact you within 2 working days after receipt of this form to discuss the referral.

## Referrer

DATE REFERRAL MADE (dd/mm/yyyy)		REFERRING AGENCY/ORGANISATION	
WORKER NAME			
STREET ADDRESS			
SUBURB		STATE	POSTCODE
EMAIL			
TELEPHONE	MOBILE	FAX	

## Consent

DOES THE PERSON BEING REFERRED CONSENT TO THE REFERRAL?	<input type="checkbox"/> YES
DOES THE PERSON BEING REFERRED CONSENT TO BEING CONTACTED DIRECTLY BY FOUNDATION HOUSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF THE PERSON BEING REFERRED IS UNDER 18 YEARS OF AGE, DOES THEIR PARENT/GUARDIAN CONSENT TO THE REFERRAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Person being referred

FAMILY NAME		GIVEN NAME/S	
DATE OF BIRTH (dd/mm/yyyy) – please estimate if exact date not known		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	
STREET ADDRESS			
SUBURB		STATE	POSTCODE
EMAIL			
TELEPHONE		MOBILE	
COUNTRY OF ORIGIN		ETHNICITY	
PREFERRED LANGUAGE	INTERPRETER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GENDER PREFERENCE FOR INTERPRETER? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference	
DATE OF ARRIVAL IN AUSTRALIA (dd/mm/yyyy)		VISA STATUS (if known) <input type="checkbox"/> Permanent resident <input type="checkbox"/> Asylum seeker <input type="checkbox"/> Other _____	

## Family members residing with person being referred

RELATIONSHIP WITH PERSON BEING REFERRED (eg spouse, mother, brother etc)	AGE (approx. if known)	DO YOU HAVE CONCERNS ABOUT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO
RELATIONSHIP WITH PERSON BEING REFERRED (eg spouse, mother, brother etc)	AGE (approx. if known)	DO YOU HAVE CONCERNS ABOUT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO
RELATIONSHIP WITH PERSON BEING REFERRED (eg spouse, mother, brother etc)	AGE (approx. if known)	DO YOU HAVE CONCERNS ABOUT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO
RELATIONSHIP WITH PERSON BEING REFERRED (eg spouse, mother, brother etc)	AGE (approx. if known)	DO YOU HAVE CONCERNS ABOUT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO

## Referral indicators

Please note: this assessment information is needed for determining whether referral to Foundation House is suitable.

HAS THE PERSON BEING REFERRED (tick/click on those which apply):

- disclosed experience of torture or other traumatic events with or without prompting?
- disclosed injury/ies or pain which is/are the result of torture, sexual assault or other form of violence?

TORTURE AND TRAUMA EXPERIENCE: A possible question to ask about torture and trauma: "Some people have had bad things happen to themselves and their families. Has anything happened to you or your family that is affecting the way you are feeling now?"

OBSERVATIONS: Tick/click on those which apply – no questions are required, you may observe these or the person may disclose them spontaneously.

### ADULTS (only)

- Crying a lot
- Intense/persistent emotional distress
- Persistent lack of expression of positive emotions
- Aggressive behaviour or persistent anger
- Fears of going out or other fears
- Severe social withdrawal or appears uncommunicative
- Repeated expressions of hopelessness
- On alert for things going wrong
- Overreacting to noises etc in environment
- Peculiar appearance, behaviour or speech
- Alcohol or substance abuse
- Poor self care, household care
- Persistent physical ailments with no medical cause
- Not responding to needs of children, emotional distance
- Persistent and severe sleep difficulties
- Signs of family conflict
- Appears disoriented, incoherent or confused
- Expresses bizarre or illogical beliefs
- Expresses threat to harm self or others

### CHILDREN and ADOLESCENTS

- Crying a lot
- Intense/persistent emotional distress
- Persistent lack of expression of positive emotions
- Aggressive behaviour or persistent anger
- Fears of going out or other fears
- Severe social withdrawal or appears uncommunicative
- Overreacting to noises in environment
- Peculiar appearance, behaviour or speech
- Risk taking behaviour
- Alcohol or substance abuse
- Expresses threat to harm self or others
- Sleep problems (too much or too little)
- Nightmares
- Re-enactment of a traumatic event in play
- Lots of worries
- Out of control behaviour
- Bed-wetting
- Frequent tantrums
- Not wanting to go to school or infrequent attendance
- Persistent headaches or other aches
- Failure to thrive
- Very clingy behaviour

OTHER COMMENTS ABOUT REASON FOR REFERRAL

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**Settlement information (if known)**

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WHAT SUPPORTS DOES THE PERSON HAVE IN AUSTRALIA? ANY OTHER COMMENTS ABOUT SETTLEMENT?

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**Other agency involvement**

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AGENCY	CONTACT PERSON	TELEPHONE
AGENCY	CONTACT PERSON	TELEPHONE
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COMMENTS:

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