

# Illawarra Women's Health Centre

## Interagency Referral Form



| Referrer information  |  |
|---|--|
| Name  |  |
| Agency or Organisation  |  |
| Email   |  |
| Telephone number  |  |
| Is your client aware of long wait times for our counselling services (if relevant)? |  |
| Has your client consented to this referral?   |  |
| Date  |  |

| Client information                                     |  |
|--|--|
| First Name   |  |
| Last Name  |  |
| Date of birth  |  |
| Address  |  |
| Telephone number                                       |  |
| Email  |  |
| Preferred method of contact:                           |  |
| Any safety issues regarding contact?                   |  |
| Appointment type requested (face-to-face or telephone) |  |
| Date   |  |

| Cultural background                   |  |
|---------------------------------------|--|
| Aboriginal                            |  |
| Torres Strait                         |  |
| Aboriginal and Torres Strait Islander |  |

|                                       |  |
|---------------------------------------|--|
| Culturally and Linguistically Diverse |  |
| Main language spoken at home?         |  |
| Is an interpreter required?           |  |

| Children's information (if applicable) |                       |               |                           |
|--|-----------------------|---------------|---------------------------|
| Child's name                           | Child's date of birth | Father's name | Current care arrangements |
|  |                       |               |                           |
|  |                       |               |                           |
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## Main concerns

What are the main concerns in the client's life at this time?

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**Current supports in place (including both social and service based)**

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**Family and domestic violence/abuse**

|   |  |
|---|--|
| History of FDV  |  |
| Current FDV   |  |
| Safety/Risk Concerns  |  |
| Current or previous AVO/court orders                        |  |
| FDV/Abuse post-separation                                   |  |
| Current family/children's court proceedings                 |  |
| Survivor and Children's Strengths                           |  |
| Partner/ex partner's name and date of birth (if applicable) |  |

| Mental health and alcohol or drug use                      |  |
|--|--|
| Current or previous self-harm or suicidality               |  |
| Previous experiences accessing support                     |  |
| History of childhood trauma (only if previously disclosed) |  |
| Current or previous alcohol or drug use                    |  |

## Other relevant Information

Any areas that haven't been mentioned in main concerns?

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