

Referral Form: Adult and Young Person (Aged 18+)

PLEASE USE THIS FORM TO REFER A PERSON AGED 18 YEARS OR OLDER TO FOUNDATION HOUSE

Please send a completed copy of this form to Foundation House via:

email: referrals@foundationhouse.org.au OR fax: 03 9277 7871

For more information on making a referral please visit [this link](#) or contact us on 03 9389 8900.

We appreciate you completing as much information as you can. Sections in green *must* be completed.

You will be contacted via email or phone within five (5) working days after we receive your referral.

Date of referral (dd/mm/yyyy)

WHO WE WORK WITH

Please confirm the person you are referring meets all of the following criteria

- Refugee or refugee-like background, including people seeking asylum
- Pre-arrival history of refugee-related torture or other traumatic events or is an immediate family member
- Psychological and/or psychosocial difficulties associated with their refugee-related torture/trauma history

CONSENT

Does the person you are referring consent to this referral to Foundation House?

- Yes No *Please note: consent is required for this referral to proceed*

REFERRER DETAILS

Referring agency/organisation name

Referrer name

Title/role/position

Service type

Telephone

Mobile

Email

Suburb

State/Territory

Postcode

PERSON BEING REFERRED

First/preferred name/s

Family name

Date of birth (dd/mm/yyyy)

Estimated date of birth if actual is unknown

Has this person previously engaged with Foundation House services?

- Yes No Unknown

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How does this person describe their gender identity?

- Man Woman Prefers to self describe as _____

Street address

Suburb	State/Territory	Postcode
Telephone/mobile	<input type="checkbox"/> Check this box if it is safe to leave a message <input type="checkbox"/> Check this box if it is safe to send a text message/SMS	
Email	<input type="checkbox"/> Check this box if it is safe to send emails	
Country of birth	Ethnicity	
Preferred language/s	<input type="checkbox"/> Check this box if an interpreter is required	

If an interpreter is required, please detail any special requirements to consider

EMERGENCY CONTACT DETAILS

Full name	Relationship to person being referred
Telephone/mobile	

MIGRATION HISTORY

When did this person arrive in Australia? (dd/mm/yyyy)	Estimated date of arrival in Australia if actual is unknown
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Please select which of the following best describes this person's migration status

- Australian citizen Temporary visa holder (eg TPV, SHEV)
 Permanent resident Unknown
 Asylum seeker (includes Bridging visa holders)

If this person is currently in immigration detention, which type of detention are they in?

- Community detention Held detention

Migration history notes

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Migration stressors (eg legal proceedings, upcoming interviews, visa expiry/cancellation)

REASON FOR REFERRAL

Please outline the main reason/s you are referring this person to Foundation House (presenting concerns)

SYMPTOM CHECKLIST

Select which symptoms you have observed in this person or they are known to have presented:

- Persistent emotional distress (eg crying a lot, excessive worry, panic, high anxiety levels)
- Unresolved grief and loss (eg numbness, denial, preoccupation with the lost person/s, despair)
- Difficulties regulating emotions (eg anger management issues)
- Excessively avoiding reminders of traumatic events (eg high level of distraction, other avoidance behaviours)
- Interpersonal difficulties (eg mistrust, social withdrawal/isolation, attachment and relationship issues)
- Intrusive memories of traumatic events (eg recurrent nightmares and/or flashbacks)
- Addictive behaviour (eg AOD, gambling)
- Excessive shame and guilt (eg high level of self-blame/self-criticism, survivor guilt)
- Behavioural difficulties (eg impulsivity, reckless risk taking, acting passive)
- Sleep disturbance (eg nightmares, inability to fall asleep, early awakenings, too little/much sleep)
- Hypervigilance (eg easily alarmed/startled, overreactive to sensory input, restlessness, excessive activity)
- Frequent somatic pains and other physical discomfort with no explanation (eg persistent headaches)
- Dissociation and numbing (eg feeling detached from the world, emotional numbness)
- Depressive symptoms (eg sadness, low motivation, hopelessness, indecisiveness)
- Cognitive difficulties (eg poor memory, concentration difficulties)
- Other _____

MENTAL HEALTH HISTORY

Please provide any known formal diagnosis, treatments, medications and GP details

DAILY FUNCTIONING

Please describe any impacts of presenting symptoms on activities of daily living including care of self/others

HEALTH

Please list any significant/chronic physical health or medical concerns

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RISK SCREENING

<p>Risk to self (suicide, self-harm)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Family violence</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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<p>Risk to others (including children)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Substance use</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Are there relevant current or historical involvements with Family Violence, Child Protection or Family Services?

Yes No Unknown

Are there any intervention or other relevant court orders in place?

Yes No Unknown

Please specify any details, supports and safety plans in place for any risk areas identified

Please detail any other known risks not mentioned above

OTHER SERVICES AND SUPPORTS

Please provide details of all relevant services and supports (eg Medical/Health, School/Education, Settlement)

Service name	Description	Contact details	Consent to contact
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS AND ATTACHMENTS

Please provide any further relevant information for this referral

Foundation House is committed to protecting privacy. We collect, store and use the information that you provide us in accordance with our privacy policy, available at www.foundationhouse.org.au