

CONFIDENTIAL**Referral to Phoenix Centre Services**

Phoenix Centre services are available to people from a refugee background with a history of torture and trauma prior to arrival in Australia, who are experiencing psychological / psychosocial difficulties believed to be associated with their experience of torture and trauma. PHaMs (Personal Helpers & Mentors) services are available to people from a refugee background with significant mental health problems. Please contact the Phoenix Centre for more information

SERVICE REQUIRED**counselling** (North and South)**mentoring** (South only)**natural therapies** (South only)

(The Phoenix Centre is not a crisis service. For urgent assistance, please contact Lifeline on 13 11 14 or the Mental Health Helpline on 1800 332 388)

REFERRER DETAILS (fields marked with an * must be completed)

* Date: _____ Referring Organisation: _____
 * Name of referrer: _____ Email: _____
 * Contact number (main): _____ Contact number (other): _____

CLIENT INFORMATION (fields marked with an * must be completed)

* Family name/s: _____ * Given name/s: _____
 * Gender: Female Male Transgender Other: _____ * Date of birth: _____
 * Full address: _____
 * Main number: _____ Additional number: _____
 Best time to phone: AM PM Any Email: _____
 * Date of arrival: _____ * Country of birth: _____
 Ethnicity/religion: _____ * Preferred language/s: _____
 * Interpreter required: Yes No * Interpreter gender: Female Male Either

RESIDENTIAL STATUS

Permanent Resident: Yes No Visa type: _____
 e.g. (humanitarian, Woman at Risk 204)

Australian Citizen: Yes No

Asylum seeker: Community detention BVE Other: _____

Support agency: _____ DIBP boat ID: _____ DIBP client ID: _____

Temporary visa: TPV SHEV Other: _____

FAMILY MEMBERS RESIDING WITH CLIENT

Name/Relationship	Age	Gender	Are you concerned about this person?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

REASONS FOR REFERRAL (please attach additional page if necessary)

Main presenting problem(s) and symptoms (if known):

History or presence of the following issues (check all that apply):

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

Additional criteria, for child/adolescent clients:

- Risk-taking behaviour
- Out of control behaviour
- Not wanting to go to school, poor school attendance
- Failure to thrive
- Re-enactment of a traumatic event in play
- Bed wetting
- Frequent tantrums
- Very clingy behaviour

Please describe in detail anything selected above including any identified risks to self or others:

SUPPORT NETWORKS (e.g. community group, school, and other agency)

<i>Agency/organisation/school/GP</i>	<i>Contact name</i>	<i>Contact number</i>
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CONSENT (essential for all Phoenix Centre services)

Has the client given consent to be contacted by the Phoenix Centre?	Yes	No
If the client is under 14, has parental/carer consent been obtained?	Yes	No
Can the client be contacted directly?	Yes	No
Has the client given consent for the Phoenix Centre to contact the referrer?	Yes	No

Client signature: _____ 

Referrer signature confirming Verbal Consent has been received via TIS: _____ 

For any questions regarding completion of this form, please call **03 6221 0999**

For both North and South referrals, email completed form to phoenixreferrals@mrctas.org.au