

CONFIDENTIAL**Referral to Phoenix Centre Group Work**

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. Please contact the Phoenix Centre for more information.

SERVICE REQUIRED

Group - North

Group - South

The Phoenix Centre is not a crisis service and is not able to respond immediately.

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 phone 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

FAMILY MEMBERS RESIDING WITH CLIENT

Name/Relationship	Age	Gender	Are you concerned about this person?	
_____	_____	_____	<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

REASONS FOR REFERRAL (please attach additional page if necessary)

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


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

<i>Agency/organisation/school/GP</i>	<i>Contact name</i>	<i>Contact number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONSENT (essential for all Phoenix Centre services)

- | | | |
|--|------------------------------|-----------------------------|
| Has the client given consent to be contacted by the Phoenix Centre? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can the client be contacted directly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the client given consent for the Phoenix Centre to contact the referrer? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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