

**CONFIDENTIAL****ADULT 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. Please contact the Phoenix Centre for more information.**

**SERVICE REQUIRED** **Counselling (North and South)** **Natural Therapies (South only)**

**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 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  NoAsylum 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 <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	<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):

**Please tick and describe if any of the following are present:**

Person discloses experience of torture or other traumatic events.	<input type="checkbox"/>	Comments
Person discloses injuries or pain which is/are the result of torture, sexual assault or other form of violence.	<input type="checkbox"/>	Comments
Person discloses suicidal ideation or self harm [Note: Please refer to an emergency service if an immediate risk]	<input type="checkbox"/>	Comments
Person is seeking referral as a result of family relationship difficulties	<input type="checkbox"/>	Comments

Psychological screening: Observations (no questions required) or spontaneous disclosures of

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

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

Person or family member discloses that he/she suffers from a mental health problem or that he/she is being treated for a mental health problem (or their words for this)	Y/N
Intellectual / Cognitive impairment : suspected <input type="checkbox"/> assessed <input type="checkbox"/> confirmed <input type="checkbox"/>	
Details:	
Where there is an immediate risk of harm to self or others please refer to emergency service. For non-immediate threats, please provide a description below:	

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

Please specify what supports/strategies have been used in an attempt to support this person


**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](mailto:phoenixreferrals@mrctas.org.au)