



Client referral form

Name:		DOB:		Contact Ph:	
Address:				Safe to call as DVAC:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Best contact time:		PUV resides with client:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Safe to leave message:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indigenous status:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>		Disability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:
CALD client:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary language spoken:		Interpreter required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
PUV Name:		DOB:		R'ship to client:	
DVO:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous DVO:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has there been any Police involvement:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children at home:					
Child 1:		DOB/Age:		Child 2:	
Child 3:		DOB/Age:		Child 4:	
Contact with PUV:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Family Court Orders/Parenting Arrangements:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other agencies involved?	Name:		Contact:		Phone:
	Name:		Contact:		Phone:

Reported/Identified DV (Please tick):

<input type="checkbox"/> Verbal abuse	<input type="checkbox"/> Pet abuse / harm to animals	<input type="checkbox"/> Threats to kill client
<input type="checkbox"/> Physical abuse/assault	<input type="checkbox"/> Cultural / spiritual / identity abuse	<input type="checkbox"/> Threats to kill their children
<input type="checkbox"/> Social abuse/isolation	<input type="checkbox"/> Intimate Partner sexual violence	<input type="checkbox"/> Attempts to kill client or their children
<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Damage to property / willful damage	<input type="checkbox"/> Threats to take the children away
<input type="checkbox"/> Financial abuse	<input type="checkbox"/> Stalking and surveillance	<input type="checkbox"/> Use of, or threats to use weapons
<input type="checkbox"/> Technology abuse	<input type="checkbox"/> Attempted strangulation / choking	<input type="checkbox"/> Movements tracked through technology

Select from list, as relevant to client (Please tick):

<input type="checkbox"/> Fears for own safety	<input type="checkbox"/> Breach of DVO	<input type="checkbox"/> PUV has access to weapons
<input type="checkbox"/> Fears for child/ren's or others safety	<input type="checkbox"/> Escalation of physical/sexual abuse	
<input type="checkbox"/> Is pregnant/new or recent birth	<input type="checkbox"/> Escalation of obsessive/controlling behaviour	
<input type="checkbox"/> Has separated/planning to separate	<input type="checkbox"/> PUV refuses to accept separation	





Please include a brief description regarding reason for referral and select types of support required (as below):

Safety Planning	<input type="checkbox"/>	Safety Upgrades	<input type="checkbox"/>	Crisis Intervention	<input type="checkbox"/>	Court Support	<input type="checkbox"/>
DV Education	<input type="checkbox"/>	Emotional Support	<input type="checkbox"/>	Women’s Counselling	<input type="checkbox"/>	Family Counselling	<input type="checkbox"/>
Counselling for young person aged 14 – 17 who has experienced/witnessed DV							<input type="checkbox"/>
Counselling for young person aged 17 and under who is using violence/at risk of using violence in their r’ships							<input type="checkbox"/>

Client consent:		Date:		
Referring Service Provider:		Date:		

DVAC takes seriously the rights of all clients to confidentiality and privacy of information including the right to remain anonymous if they choose. We recognise in particular our duty of care to safeguard information which could jeopardize the security and safety of adults, children or young people accessing DVAC services. DVAC is guided by the standards of the Australian Privacy Principles regarding the collection, storage, disclosure and use of personal information about individuals.

Email completed referral form to Ipswich site: info@dvac.org.au Toowoomba site: infotwba@dvac.org.au

To discuss this referral, or for client self-referral please contact us on
Ipswich site: (07) 3816 3000 (option 1) **Toowoomba site:** (07) 4642 1354 (Option 1)