Referral Form

Please complete and return to intake@sttars.org.au

Referrer

Date of Referral _____Referring Agency/ Organisation _____

Contact Person_____ Street Address _____

Suburb_____State_____Postcode_____

Email _____

Telephone_____ Mobile_____ Fax_____

Referral for: Child Counselling ☐ Adult Counselling ☐ Family Counselling ☐ SRSS ☐ VMHS (ATAPS) ☐

Consent

Is there client consent for you to contact STTARS? YES NO

If yes, was the consent: Verbal ☐ Written ☐ If written, please attach with this form.

Has the client given consent to be contacted by STTARS? YES NO

If the person being referred is under 16 years of age, does their parent/ Guardian consent to the Referral?
YES NO

If NO please provide Parent / Guardian Details:

Name _____Telephone/ Mobile_____

Address _____

School_____ Telephone _____

Address_____

Primary Person Being Referred

Family Name_____ Given Name_____

Date of Birth (dd / mm / yyyy) _____ MALE ☐ FEMALE ☐

Street Address _____

Suburb _____State_____ Postcode _____

Emai l_____

Telephone_____Mobile _____

Country of Origin _____Ethnicity_____

Preferred Language _____ Interpreter Required? Y / N Gender Preference? M / F

Does Client Have a Disability? YES / NO _____

Survivors of Torture and Trauma Assistance and Rehabilitation Service
Head Office: 81 Angas Street, Adelaide South Australia 5000
Tel: (08) 8206 8900 Email: intake@sttars.org.au

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Settlement Status (please tick all that apply)

Held Detention ☐ Community Detention ☐ Bridging Visa ☐ TPV/SHEV ☐

THV ☐ Student ☐ Other Temporary Visa ☐ (please specify) _____

Humanitarian Entrant ☐ Permanent Resident ☐ Citizen ☐

Support/Settlement Program (if applicable) SRSS ☐ HSS ☐ SGP ☐

Date of arrival in Australia ((dd / mm / yyyy) _____ IMA/ Non IMA

Date of release from Detention if applicable (dd / mm / yyyy) _____Boat ID/PAM ID _____

Date Protection Visa was granted (if applicable) (dd / mm / yyyy)_____

Income Type

Pension/Benefit ☐ If yes what type/s (mandatory field)_____

Wages/salary ☐ No income ☐ Other ☐ (please specify) _____

Accommodation

Type Housing On Arrival ☐ Public Rental ☐ Private Rental ☐ Boarding House ☐

Emergency Supported ☐ Homeless ☐ Public Housing ☐

Living Arrangements Lives Alone ☐ Lives with family ☐ Lives with others ☐

Relationship Status Married ☐ Defacto ☐ Divorced ☐ Separated ☐

Single ☐ Widowed ☐

No of People living in the Residence _____

Family & Household Members

Given Names	Surname	DOB / Age	Arrival Date	M / F	Relationship to Client	For Family Referral

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Other Agency Involvement

Agency	Contact Person	Telephone/ Mobile	Email
Comments			

Referral Information & Indicators (*Will be used to determine eligibility and triage accordingly***)**

What is the reason for the referral:

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

Person discloses experience of torture or other traumatic events with or without prompting.	☐
Note:	
Person discloses injuries or pain which is/are the result of torture, sexual assault or other form of violence.	☐
Note:	
Person discloses suicidal ideation or self-harm [**Note**: Please refer to an emergency service if an immediate risk]	☐
Please Specify:	
Person is seeking referral as a result of family relationship difficulties.	☐
Note:	

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

ADULTS (only)		CHILDREN and ADOLESCENTS (only)	
Crying a lot	☐	Sleep problems-too much or too little	☐
Intense/persistent emotional distress	☐	Nightmares	☐
Aggressive behaviour or persistent anger	☐	Severe social withdrawal	☐
Fears of going out/going to work or other fears	☐	Crying a lot	☐
Severe social withdrawal or appears uncommunicative	☐	Lots of worries	☐
Repeated expressions of hopelessness	☐	Hyper-alert	☐
Many persistent worries	☐	Aggressive behaviour or persistent anger	☐
On alert for things going wrong	☐	Out of control behaviour	☐
Overreacting to noises etc in environment	☐	Bed-wetting	☐
Find images or memories distressing	☐	Not wanting to go to school	☐
Peculiar appearance, behaviour or speech	☐	Risk-taking behaviours	☐
Poor memory / concentration	☐	Persistent headaches or other aches	☐
Alcohol or substance abuse	☐	Poor peer relationships	☐
Poor self-care, household care	☐	Very clingy behaviour of children	☐
Persistent physical ailments with no medical cause e.g. headaches, neck pain, stomach pain	☐	Alcohol or substance abuse (especially for adolescents)	☐
Not responding to needs of children, emotional distance	☐	Frequent tantrums	☐
Persistent and severe sleep difficulties/ nightmares	☐	Overacting to minor incidents	☐
Signs of family conflict	☐	Expressed threat to harm self or others *	☐
Person appears disoriented, incoherent or confused	☐	Bizarre behaviours Specify:	☐
Person expresses bizarre or illogical belief Specify:	☐		
Expressed threat to harm self or others *	☐		☐
Person discloses or family member discloses that she/he suffers from a mental health problem and/or that she/he is being treated for a mental health problem (or their words for this)			☐

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