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| **NSW Health Far West LHD - col grad RGB**  **VAN**  **Sexual Assault & Domestic Violence Service**  **Referral Form**  Community Health Centre Ph: (08) 8080 1100 | | | | | **SURNAME** | |
| **FIRST NAMES** | |
| **DOB** | |
| **MRN** | |
| **Page 1** | | | | | | |
| **Date** | ….…./………./……… | | |  | | |
| **CONSENT (please read important information before completing referral)** | | | | | | |
| **Children (0 – 16 years):** Initial referrals to the Sexual Assault & Domestic Violence Service for children are usually only accepted via JIRT or FACS (including referrals for working with families around sexualised behaviour of children less than 10 years).  **To note:** If current presentation is in the context of re-referral to the service following initial engagement you are able to refer however informed consent from the child and their care givers is required.  **To note: Age 14-16:** Where a child is aged 14 – 16 years and the child is able to provide informed consent this is the only consent required. | | | | | | |
| **Young Person (17-18 years):** The young person you intend to refer must be aware the referral is being completed and must provide informed consent. | | | | | | |
| **Adult (18 years and above):** The adult you intend to refer to the Sexual Assault Service must be aware the referral is being completed and must provide informed consent to the referral. | | | | | | |
| **I have read and understand consent required for the relevant age of the client and the correct consent is provided:** Yes No | | | | | | |
| **Contact Details** | | | | | | |
| Address: | | |  | | | |
| Safe Method of Contact: | | | Home Phone: | | | Mobile Phone: |
| Other contact (e.g. Third party, email, work contact): | | | |
| Referral Source: | | |  | | | Phone: |
| Interpreter: | | | No Yes Language: | | | Aboriginal/TSI/other: |
| Occupation/  School: | | |  | | | |
| Special needs: | | |  | | | |
| **Referrers Details** | | | | | | |
| Name: | |  | | | | |
| Organisation: | |  | | | | Location: |
| Phone: | |  | | | | |
| Email: | |  | | | | |
| **Police** | | | | | | |
| Police Officer: | |  | | | | Phone: |
| **Safety considerations if sexual assault occurred in context of domestic violence** | | | | | | |
| DVSAT (Police) | | Completed Yes No Score if known: | | | | |
| DVSAT (LCP) | | Completed Yes No Score if known: | | | | |

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| **DOB** |
| **MRN** |
| **Page 2** | |
| **Summary of information /Reason for referral** (when, where, time, offender, weapons, injuries) | |
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| **DOB** | |
| **MRN** | |
| **Page 3** | | | |
| **Risk Assessment:** *Taking into consideration history of risk, concern from others, recent behaviour, at risk mental state, changeability, uncertainty in level of risk, high, medium or low level risk, and other relevant information re: risk.* | | | |
| **Suicidality risk:** | | | |
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| **Plan:** | | | |
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| **Intent:** | | | |
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| **Access to means:** | | | |
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| **Self-Harm risk:** | | | |
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| **Plan:** | | | |
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| **Intent:** | | | |
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| **Access to means:** | | | |
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| **Violence to others risk:** | | | |
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| **Plan:** | | | |
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| **Intent:** | | | |
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| **Access to means:** | | | |
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| **Violence from others risk:** | | | |
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| **Vulnerability risk:** | | | |
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| **DOB** |
| **MRN** |
| **Page 4** | | | |
| **Safety Plan (please attach with clients consent)** | | | |
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| Current whereabouts of POI: | | | |
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| **ADVO conditions** **(please attach with clients consent)** | | | |
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| Recent/historical breaches to ADVO: | | | |
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| **Name, signature and designation:** |  | | |