

## REFERRAL FORM

(Please provide risk assessment if one has been completed)

Date	
Agency	
Referrer name	
Contact Number	
Email	

### CLIENT INFORMATION

Full Name			
Address			
Date of Birth		Age	
Telephone		Mobile	
Email		Preferred method of contact	
		Is it safe to leave a message?	
Aboriginal or Torres Strait Islander		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Country of Birth		Ethnicity	
Gender		Visa Status	

### CHILDREN

Name	Age/DOB	Gender	Ethnicity	School/Day-care	Lives With?

### CURRENT STATUS OF PERPETRATOR

Name of Perpetrator		Relationship to perpetrator	
Whereabouts of perpetrator		Date of Birth	
Ethnicity		Aboriginal or Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Client live with the perpetrator?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the client have a current restraining order or conduct agreement order?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there any current Family Court proceedings?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details		
Are there any current Department of Communities, Child Protection and Family Support cases?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details		
Is the client planning to end the relationship/ recently separated?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the client pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Will you be continuing engagement with the client?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**PLEASE PROVIDE DETAILS REGARDING THE CLIENT’S EXPERIENCE OF FAMILY AND DOMESTIC VIOLENCE BELOW**

Types of FDV & examples		Details
<b>Physical Violence</b> Any form of physical assault including choking/ restraining/ use of weapon/ hurting children &/ or pets/ sleep & food deprivation	<input type="checkbox"/>	
<b>Emotional Abuse</b> Put downs/ name calling/ criticising/ blaming/ yelling and swearing/ threats of harm or suicide/ guilt tripping.	<input type="checkbox"/>	
<b>Psychological Abuse</b> Gaslighting/ being told they are crazy or have mental health concerns/ told they are imagining or over exaggerating abuse/ partner victim – playing	<input type="checkbox"/>	
<b>Financial Abuse</b> No access to joint finances/ prevented from working/ paying or benefits taken from them/ loans or debt accrued by partner in their name.	<input type="checkbox"/>	
<b>Sexual Abuse</b> Any sexual activity without explicit consent/pressuring or coercing/not using protection when asked/ unwanted exposure to pornography	<input type="checkbox"/>	
<b>Controlling Behaviour</b> Stalking/ keeping tabs on whereabouts/ isolation from friends and family/ controlling clothing/ goes through phone and social media to check messages.	<input type="checkbox"/>	
<b>Visa Abuse</b> Hiding passport or visa documents/ making claims about visa status/ being brought to Australia based on incorrect visa information/ trafficking.	<input type="checkbox"/>	
<b>Digital/Technology Abuse</b> Sending abusive texts pr messages/ continuous phone calls or texts/ spying, monitoring, or stalking via technology/ prevented from having a phone	<input type="checkbox"/>	

Clients main concern/ Reason for referral:

**PLEASE SEND TO REFERRALS@OVIS.ORG.AU**