Local Link Referral Form

Brisbane South

Brisbane Domestic Violence Service

SAFER LIVES
SAFER COMMUNITIES

AN ACTIVITY OF **MICAH PROJECTS**

» Please complete this referral form and email any supporting documents to
bdvslocallink@micahprojects.org.au

» Referrals can also be completed by calling **07 3013 6035** or faxing 3013 6090

» Alternatively, please call your DFV Local Link representative on: **0488 180 590** or **0419 757 257**

» Medicals Objects ID for Brisbane Domestic Violence Service DFV Local Link: **DB41010005B**

Please note that there may be some safety barriers that exist when contacting clients

Please check with the client prior to referring to assist with safe engagement. Thankyou.

Is this referral for the victim/survivor or perpetrator?

CLIENT DETAILS

Date of referral

Full name

Date of birth   Age   Gender

Address

Does the perpetrator live in the home?   Suburb

Phone numbers   Is it safe to call? ☐ YES ☐ NO ☐ Unsure

Text? ☐ YES ☐ NO ☐ Unsure

Leave voicemail? ☐ YES ☐ NO ☐ Unsure

Email address

Does the client identify as ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Cultural heritage

Interpreter required? ☐ YES ☐ NO   If yes please provide preferred language

Is the client safe right now? ☐ YES ☐ NO

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NATURE OF VIOLENCE

- ☐ Physical
- ☐ Emotional
- ☐ Sexual
- ☐ Verbal
- ☐ Financial Control
- ☐ Damage to property
- ☐ Stalking
- ☐ Use of weapons
- ☐ Threats to kill
- ☐ Threats to suicide/self harm

If there has been physical or sexual violence, has the violence involved?

- ☐ Choking/strangulation
- ☐ Stabbing
- ☐ Head banging/head injury
- ☐ Physical restraint
- ☐ Abuse or harms to pet

Further details (Details of any children/dependents)

REFERRING DETAILS

GP Name

Phone Number

Email

Clinic

Would you like to be notified of the outcome of referral? ☐ YES ☐ NO

Will you be staying engaged with this client post referral? ☐ YES ☐ NO

Has the client provided to consent to share information? ☐ YES ☐ NO

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