

# Big Rivers Supporting Recovery from Family Domestic and Sexual Violence (FDSV)

## Client referral form - Recovery from FDSV

For referrals to culturally safe, FDSV-specialised mental health care, support and recovery services in the Big Rivers region, Northern Territory. Use this referral as part of a client’s ongoing recovery and healing from the impacts of FDSV.

Clients at **immediate** risk of harm **cannot** be referred to the Big Rivers Supporting Recovery from FDSV team. If your client is at immediate risk of harm, **call the police on 000 or 131 444**.

Complete as many questions in this form as you can – it’s ok if you can’t answer all questions.

After this referral is received, a member of the Big Rivers Recovery from FDSV team will speak with your referred client – by phone or face-to-face – to discuss their needs and required support. Please provide the best contact details for your client below – and tell your client someone will contact them over the next few days.

Referrals will be responded to within 5 business days. You will be advised, if the client consents, if the referral is accepted or if an alternative care plan or referral service is recommended.

Email completed forms to [dv.bigrivers@kwhb.com.au](mailto:dv.bigrivers@kwhb.com.au).

Further information: Call 1800 714 343.

### Client details

Date of referral	...../...../.....
Client’s name	
Does the client consent to being referred to the Big Rivers Supporting Recovery from FDSV team?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure * This referral can’t be processed without your client’s consent.
Date of birth	...../...../.....
Phone #	
Is it safe to phone, text or leave your client a voicemail message on this phone #?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Best way and best time to contact client	
Alternative contact phone # e.g. for a support person, relative or neighbour	
Is it safe to phone, text or leave your client a voicemail message on this alternative phone #?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client’s address/community	

<b>Is it ok to visit your client at this address?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Best place to meet with your client e.g. at home, at the community health clinic, in Katherine, at the Child and Family Centre (CFC)</b>	
<b>Email</b>	
<b>Is the client already a client with Katherine West Health Board, Sunrise, Wurli or NT Health?</b> <b>If yes, select all that apply</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Katherine West Health Board <input type="checkbox"/> Sunrise <input type="checkbox"/> Wurli-Wurlinjang <input type="checkbox"/> NT Health
<b>Sex</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not stated/inadequately described <input type="checkbox"/> Other .....
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Sistergirl <input type="checkbox"/> Other <input type="checkbox"/> Brotherboy .....
<b>Indigenous status</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Unknown
<b>Is an interpreter required?</b>  <b>If yes, preferred language?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No .....
<b>Details of client's children and/or children in their care or living with them (if applicable), including names, dates of birth/age</b>	
<b>Details of the person who has used violence (if known), including name, date of birth/</b>	

<p><b>age, relationship to the client, details of where the person is located (e.g. in the same house, in the same community, in prison), and any court appearance or prison release dates (if applicable).</b></p>	
<p><b>Brief description of client's situation and FDSV history</b></p>	
<p><b>Other concerns that might impact a client's recovery and healing process - select all that apply</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There's a domestic violence order (DVO) being applied for, currently in place or due to expire.</li> <li><input type="checkbox"/> There are child protection matters.</li> <li><input type="checkbox"/> The client is experiencing housing insecurity.</li> <li><input type="checkbox"/> The client is pregnant or has a child under 12 months old.</li> </ul>
<p><b>Client's recovery needs and required support - select all that apply</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol and Other Drugs (AOD) support</li> <li><input type="checkbox"/> Building a support network in their community</li> <li><input type="checkbox"/> Counselling</li> <li><input type="checkbox"/> eSecurity support including phone security</li> <li><input type="checkbox"/> FDSV education and awareness in their community</li> <li><input type="checkbox"/> Financial support</li> <li><input type="checkbox"/> Housing support</li> <li><input type="checkbox"/> Legal support</li> <li><input type="checkbox"/> Medical care</li> <li><input type="checkbox"/> Mental health support</li> <li><input type="checkbox"/> Referral to FDSV specialised services</li> <li><input type="checkbox"/> Services and support for the person who has used violence</li> <li><input type="checkbox"/> Support for continued safety</li> <li><input type="checkbox"/> Support for children's recovery from FDSV</li> <li><input type="checkbox"/> Support to access community services e.g. childcare</li> <li><input type="checkbox"/> Other .....</li> </ul>

**Has your client been referred to other support services? Select all that apply**

- FDSV specialised service e.g. KWCC, community safe house, SARC
- Mental health service e.g. clinic mental health nurse
- Housing support
- Legal support e.g. KWILS, NAAFLS, DVLS
- Financial support
- Child support or child protection e.g. Dept of Children & Families
- Family Safety Framework (NT Government)
- ACCHO/ACCO e.g. at Wurli, Kalano, Sunrise, KWHB
- Other
- Unknown

**Any additional information**

### Referrer's details

**Name of person making referral**

**Referrer's role**

**Organisation**

**Type of organisation (choose all that are relevant)**

- Family, domestic and sexual violence (FDSV) service
- Community-controlled health clinic e.g. KWHB, Sunrise or Wurli
- State service (NT Health clinic, hospital or allied health service, Family Safety Framework, Dept of Children & Families)
- Private practice
- Child and maternal health
- First responder (police, ambulance/paramedics)
- Aboriginal Community Controlled Organisation/Health Organisation
- School
- National phone line (e.g. 1800 RESPECT, Lifeline, 13Yarn)
- NA - self-referral
- NA - family
- Other

**Phone #**

**Email**