



SASS Referral

Please email completed form to: referrals@sass.org.au

Note: this form is to be used for referrals to SASS' general counselling service. For referrals to our *Prevention, Assessment, Support and Treatment of harmful sexual behaviours program* please use the PAST referral form (available on our website)

Date of Referral:	Referring Person/Agency:	Referrer Contact Details:		
Is client aware of referral: Y <input type="checkbox"/> N <input type="checkbox"/>		Referral taken by:		
Has the client accessed SASS previously? Yes? <input type="checkbox"/> No? <input type="checkbox"/>		Redress Scheme Client: Y <input type="checkbox"/> N <input type="checkbox"/>		
Legal Orders in place: <input type="checkbox"/> Child Protection <input type="checkbox"/> Family Court If yes, what type:				
Have any of the following taken place: <input type="checkbox"/> Police Involvement <input type="checkbox"/> Forensic Medical Examination <input type="checkbox"/> Other				
Has the client (adult or child) experienced or witnessed Family Violence? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, is this: <input type="checkbox"/> Current <input type="checkbox"/> Historic				
How did the client hear about SASS? <input type="checkbox"/> Child Safety Service <input type="checkbox"/> Education/School <input type="checkbox"/> Internet Search <input type="checkbox"/> Interstate service <input type="checkbox"/> Medical Practitioner/Health <input type="checkbox"/> NDIS/Disability Service <input type="checkbox"/> NGO service <input type="checkbox"/> Other <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Past client <input type="checkbox"/> Police/Legal/Justice <input type="checkbox"/> Prison <input type="checkbox"/> Psychologist/Counsellor <input type="checkbox"/> Redress Scheme/Knowmore <input type="checkbox"/> Television				
ADULT CLIENT				
Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/>	Preferred pronouns: He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/>	Date of Birth:	Age in years:
			Aboriginal or Torres Strait Islander Y <input type="checkbox"/> N <input type="checkbox"/>	
Safe contact details (tick preferred form of contact): landline: <input type="checkbox"/> mobile: <input type="checkbox"/> email: <input type="checkbox"/>			Support Person contact details:	
Disability Y <input type="checkbox"/> N <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If yes, are there any access issues?				
Residential Address:				Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>
Postal address (if different from above):				Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>
Who else is living in the home?				

Address: 31-33 Tower Road, New Town, 7008 **Phone:** (03) 6231 0044 **24/7 MY SUPPORT:** 1800 697 877

CHILD/ADOLESCENT CLIENT				
Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/>	Preferred pronouns: He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/>	Date of Birth:	Age in years:
		Aboriginal or Torres Strait Islander Y <input type="checkbox"/> N <input type="checkbox"/>		
Disability Y <input type="checkbox"/> N <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If yes, are there any access issues?				
Residential Address:				Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>
Postal address (if different from above):				Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>
Who is the child current living with (i.e. foster carer/kinship carer/biological parent/s):				
Who else is living in the home?				
Primary contact for child/adolescent: Relationship to child:			Contact details - tick preferred contact landline: mobile: email:	
Referral Details				
What are the presenting issues for the client?				
Please provide details of the sexual assault/PSB history (if possible)?				
Did the abuse include any technology-facilitated abuse? <input type="checkbox"/> Yes No <input type="checkbox"/> Unsure	If yes, did it involve: <input type="checkbox"/> Coercive control <input type="checkbox"/> Image based <input type="checkbox"/> Online <input type="checkbox"/> Online and image based <input type="checkbox"/> Stalking/monitoring <input type="checkbox"/> Other (please describe)			
What are the client's key difficulties at present? (i.e. mental health/self harm/drug & alcohol/homelessness etc)				
Are there any safety issues for the client? (ie threat of further sexual assault/abuse, etc)				
What is the client's support network (both social and professional)?				
Has a Child Protection Notification been made? <input type="checkbox"/> Yes No <input type="checkbox"/> Unsure	Record date and name of CPS Worker (if known):			
What are the client's strengths/current coping strategies?				

What support does the client need from SASS? (e.g.: counselling, court, police report)	
Is this a First Disclosure?	
Accessing SASS	
Why now? What's changed? What made you ring today?	
Does the client need support to access SASS? (e.g. disability, interpreter, support person, medical, cultural, anxiety/mental health, etc.)	
Are there any indications for safety issues for SASS workers with the client? (e.g. anger issues, psychosis, client views worker as threat etc.)	
What are the best times/days for SASS appointments?	
Does the client prefer a counsellor of a particular gender?	