

# Family Violence Assistance Referral Form



If you have any queries, please email us on [fvassist@whwest.org.au](mailto:fvassist@whwest.org.au).

**Note:** If you have completed a risk assessment for the client, please email it as an attachment to the above address.

## 1. Worker information

**Worker's full name:** .....

**Referring organisation:** .....

**Address:** .....

**Phone:** ..... **Email:** .....

### Client's involvement with your organisation:

Please provide a short description of the woman's involvement with the referring organisation to date.

**Do you consider this client to be high risk?**  Yes  No

**Has the client provided consent to be referred to Women's Health West?**  Yes  No

Please note that you will need to gain consent from your client before we can proceed with this referral.

## 2. Client information

**Client's full name:** .....

**Client's date of birth:** .....

**Address:** .....

**Phone:** ..... **Email (if known):** .....

**Country of birth:**  Australia  Other: .....

**Is an interpreter required?**  Yes  No

**Is the client of Aboriginal or Torres Strait Islander origin?**  Yes  No

### Safety issues

Please provide details: for example, if it is safe to phone/text/leave a message, preferred time of contact etc.

**Children's details** (if known/applicable)

Please provide names and dates of birth for the woman's children, if there are any.

**Respondent's details** (if known)

Please provide name, date of birth, relationship to the client and the length of the relationship if known.

**Is there an intervention order in place?**  Yes  No

**Brief description of client's situation**

Please provide details about the woman's situation, including most recent incidents, short overview of history of family violence, risk indicators, etc.

**Has a risk assessment been completed?**  Yes  No

**Needs and support required**

Please tell us about the support needs of the woman (and children if applicable) being referred.

**Additional information** (if any)