

Family and Domestic Violence Services

REFERRAL FORM

1. Referrer Details

Name:	
Organisation/Service Area:	
Contact details (phone and email) :	
Date of referral:	

2. Client Details

Name:	DOB: -		
Address:	Gender:		
Country of birth:	Ethnicity:		
Visa status:	Date of arrival:		
Refugee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred language:		
Disability:	Interpreter required:		
Children: Yes <input type="checkbox"/> No <input type="checkbox"/> Names and DOB's:			
	Safe	Preferred	Between the hours/days of:
Mobile phone:	<input type="checkbox"/>	<input type="checkbox"/>	
Home phone:	<input type="checkbox"/>	<input type="checkbox"/>	
Email address:	<input type="checkbox"/>	<input type="checkbox"/>	
Can we say we are from Luma when calling? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Current Family Court proceedings: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	Open CPFS case: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Are there other services currently involved: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	
Will you be continuing engagement with this client: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	

3. Alleged Perpetrator Details

Name:	DOB:
Address:	Nature of relationship:
Length of relationship:	Current VRO or other orders in place: Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details re: the client's experience of Family & Domestic Violence below

Type of FDV & examples		Details:
Physical abuse Any form of physical assault including choking/restraining/ use of weapon/hurting children or pets/sleep & food deprivation	<input type="checkbox"/>	
Emotional Abuse Put downs/name calling/ criticising/blaming/yelling & swearing/ threats of harm or suicide/guilt tripping	<input type="checkbox"/>	
Psychological Abuse 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"/>	
Financial Abuse No access to joint finances/prevented from working/pay or benefits taken from them/loans or debt accrued by partner in their name	<input type="checkbox"/>	
Sexual Abuse Any sexual activity without explicit consent/pressuring or coercing/not using protection when asked/unwanted exposure to pornography	<input type="checkbox"/>	
Controlling Behaviour Stalking/keeping tabs on whereabouts/isolated from seeing family & friends/controls clothing /goes through phone & social media to check messages	<input type="checkbox"/>	
Visa Abuse Hiding passport or visa docs/ making false claims about visa status/being	<input type="checkbox"/>	

brought to Australia based on incorrect visa info/trafficking		
Digital / Technology Abuse Sending abusive texts or messages/continuous phone calls or texts/spying, monitoring or stalking via tech/prevented from having a phone	<input type="checkbox"/>	
Client is planning to leave or recently separated?	<input type="checkbox"/>	
Client is Pregnant?	<input type="checkbox"/>	

Clients main concern/Reason for referral:

Consent from the person being referred is required to make this referral

- I understand and give consent to this referral.
- I give permission for Luma to obtain and release information to the person/agency referring.
- I give permission to Luma to store information obtained during the referral process.

Name: _____ Date: _____

Signed: _____ Interpreter (if required): _____

OR Verbal Consent given to the above Yes No

Name and signature of referrer required for verbal consent:

Name: _____ Date: _____

Signed: _____

Please send referrals to:
 FDV@Luma.org.au
 Enquiries to (08) 6330 5400